# Consent form

## Name of the person described in article/shown in photograph:

## Title of the article:

## Corresponding author:

## Date:

I, the undersigned, give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [underline correct description] to appear in the journal “New Medicine” and associated publications.

 **I have seen and read the material to be submitted to the journal.**

 I understand the following:

* The Information will be published without my name attached and the publisher will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me if I was in hospital or a relative - may identify me.
* The text of the article will be further edited for style, grammar, consistency, and length.
* The Information may be published in the journal, which is distributed worldwide. The journal goes mainly to doctors but can be seen by non-doctors.
* The Information will also be placed on the journal website, www.newmedicine.pl.
* The Information may also be used in full or in part in other publications and products published by the Borgis Publishing.
* Borgis Publishing will not allow the Information to be used for advertising or packaging or to be used out of context.
* I can revoke my consent at any time before publication, but once the Information has been committed to publication (“gone to press”) it will not be possible to revoke the consent.

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| Signature |  |