Clinical Image: CONSENT FORM

Patient's consent for the publication of material relating to him or her in *The New Emirates Medical Journal (NEMJ)*

Description of article, content or photograph (the "Material"): _____

_____

Name of author submitting the Material: _____

Contribution number (if available): _____

To be completed by the patient:

To whom it may concern that I (Patient/parent for children <18 years old) give my consent for all or any part of the material related to the case that referenced above to appear in publications of clinical image in *The New Emirates Medical Journal*. I understand that the Material may depict my medical conditions.

I understand that:

- My name will not be published with the material (as a whole or a part) by the NEMJ and will remain as anonymous. I understand, however, that there is a possibility that someone may recognize my case from the image and/or accompanying content.
- There is no limitation to use my material to publish in printed or electronic format of NEMJ, on website, in sublicensed editions in any language.
- I release and grant all rights to the NEMJ that I understand that I will not receive any payment, royalties or claims in connection with the use of materials to publish in NEMJ.
- The Material may be edited, retouched, and modified.

PATIENT:

Signed: _____ Date _____

Print name: _____

Address: _____

If you are not the patient, what is your relationship to him/her _____

Witness: _____ Date: _____