

Rheumatology Patient Consent Form

Return by fax to *Rheumatology*, FAX: +44(0)207 842 0903

Manuscript Number RHE- _____

Patient (parent or guardian) consent for the publication of material about the patient in *Rheumatology*

Name of patient in article or photograph: _____

Date: _____

I, the patient/parent/guardian (*delete as appropriate*) give my consent for this material to appear in *Rheumatology*. I have seen and read the material to be published.

I understand the following:

- 1) The material will be published without my name attached and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that someone, for example, a person who looked after me if I was in hospital, or a relative, may identify me.
- 2) The material may be published in the monthly journal *Rheumatology*, which has a print circulation of around 2700 and goes world-wide. The journal goes mainly to doctors and scientists, but is also seen by many non-doctors and non-scientists including journalists.
- 3) If published the material will also be placed on the *Rheumatology* website. At the moment the website is only available to journal subscribers; however, material in the archive that is more than 1 year past its publication date is open to everyone for free.
- 4) The material may also be used in future local editions of *Rheumatology* that may be published in countries such as India and Spain.
- 5) The material will not be used for advertising or packaging.

I also give consent for the following material to be used in other publications that may approach *Rheumatology* so long as the following criteria are met:

- 1) The material will not be used for advertising or packaging.
- 2) The material will not be used out of context – for example, a picture will not be used to illustrate an article that is unrelated to the subject of the photograph.

Signed: _____

Patient/parent/guardian (*delete as appropriate*)