

CONSENT FORM

Patient's consent for the publication of material relating to them in the *Pan African Medical Journal*

Description of article or photograph: _____

Name of author submitting material:

Corresponding author: _____

Manuscript identifying number (if known) _____

To be completed by the patient:

I give my consent for all or any part of the material referenced above to appear in the *Pan African Medical Journal* ("Journal") and any derivative work or product relating to the Journal in any form or medium.

I understand that:

- My name will not be published with the material and the Journal will endeavor to maintain my anonymity. I understand, however, that it is possible that someone may recognize me from the image and/or accompanying text.
- The use of material relating to me may include, without limitation, publication in the printed and electronic editions of the Journal, at websites, in sublicensed or reprinted editions (including foreign language editions), and in other derivative works or products.
- Once signed, I cannot revoke this consent form.

Signed: _____ Date _____

Print name: _____

Address: _____

If you are not the patient, what is your relationship to them? _____

Witness: _____ Date: _____