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- My name will not be published with the material and the Journal will endeavor to maintain my anonymity.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: __________________________