

IJSS Journal of Surgery

Consent Form

Patient's Name: _____

Title of article: _____

Corresponding author: _____

I, _____ give my consent for this information about

- Myself
- Child or Ward
- Relative

relating to the subject matter above ("the Information") to appear in the journal and associated publications.*

1. 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 or any identity.
2. I understand, however, that complete anonymity cannot be guaranteed. It is possible that someone, somewhere – perhaps somebody who looked after me when I was in hospital or a relative may identify or recognize me.
3. The Information published in the journal is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including various researchers, journalists, etc
4. The published Information will be available on the journal website: www.ijss-sn.com
5. The Information may also be used in full or in part in other publications and products published by the IJSS Journal of Surgery. In particular the Information may appear in local editions of the journal or other journals and publications published overseas.
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Signature: _____ Date: _____