

Consent form

For a patient's consent to publication of images and/or information about them in IDDF publications.

Name of patient: _____

Relationship to patient
(if patient not signing this form): _____

Provisional title of article in which
Material will be included: _____

CONSENT

I _____ [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in IDDF publications.

I understand the following:

1. The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
2. The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
3. The article may be published in the IDDF programme book and/or the IDDF website.
4. I/the patient will not receive any financial benefit from publication of the article.

Signature: _____

Print name: _____

Email address: _____

Telephone no: _____

Address: _____

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is deceased, under 18 or has cognitive or intellectual impairment).

Reason:

Details of person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signature:

Print name:

Position:

Institution:

Email address:

Date:

Telephone no:

Address:
