

CONSENT FORM

Patient's consent for the publication of material relating to him or her in The Archives of Medicine and Health Review (Journal of the Nigerian Medical Association, FCT).

Description of article, content or photograph (the "Material"):

Name of author submitting the Material: _____

Contribution 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 publications of the Archives of Medicine and Health Review in any media worldwide, and any derivative works or products.

- I understand that the Material may depict my medical conditions.
- I understand that: My name will not be published with the Material by the Society and the Society will endeavor to maintain my anonymity.
- I understand, however, that it is possible that someone may recognize me from the images and/or accompanying content. The use of the Material relating to me may include, without limitation, publication in the printed and electronic editions of Society publications, on websites, in sublicensed or reprinted editions (including foreign language editions), and in other derivative works or products.
- I grant and release to the Society all rights, title, and interest that I may have in the Material.
- I understand that I will not receive, and am giving up any claim to receive, any payment or royalties in connection with the use of the material The Material may be edited, modified, and retouched.

PATIENT: Signed: _____

Date _____ Print name:

Address: _____

If you are not the patient, what is your relationship to
him/her _____ Witness:

Date: _____