

Patient Consent Form



Upload your case report here: <https://www.eiseverywhere.com/eselect/autconf2016>

Case report title:.....

Patient (parent or guardian) consent for the use of material about the patient at Autumn Conference 2016 and for the publication of material about the patient in the conference abstract book

Name of patient in article or photograph:
Please print in BLOCK CAPITAL LETTERS

I, the patient/parent/guardian (delete as appropriate) give my consent for this material to be used for Autumn Conference 2016. I have seen and read the material to be published.

I understand the following:

1. The material will be published without my name attached and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that someone, for example, a person who looked after me if I was in hospital, or a relative, may identify me.
2. The material will be published in the conference programme and is mainly seen by doctors and scientists, but is also seen by some non-doctors and non-scientists including journalists.
3. If published the material will also be placed on the BSR website and/or e-learning platform
4. The material will not be used for advertising or packaging.
5. I also give consent for the following material to be used in other publications that may approach the BSR so long as the following criteria are met:
 - a. The material will not be used for advertising or packaging.
 - b. The material will not be used out of context – for example, a picture will not be used to illustrate an article that is unrelated to the subject of the photograph

Signature:.....Date:.....