**Patient Consent Form**

To record a patient’s consent to publication of information about them or their relative in *Evolution, Medicine & Public Health* (***EMPH***)

**NAME OF PATIENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE OF ARTICLE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CORRESPONDING AUTHOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORRESPONDING AUTHOR’S ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MANUSCRIPT NUMBER, IF KNOWN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, ...................................................................................................[NAME OF PATIENT / PARENT / GUARDIAN / RELATIVE**\***], give my permission to:

........................................................................................[NAME OF HEALTH PROFESSIONAL] to use information (including photographs) about:

...................................................................................[NAME AND RELATIONSHIP**\***] in ***EMPH*** published by Oxford University Press (OUP), such permission to extend to publication of the information by OUP and its licensees in all media and languages throughout the world.

**\***In cases where the patient has died or is incapable of giving consent, consent may be given by the next of kin. If the patient is under the age of 16, consent should be given by a parent or guardian.

**I have seen and read the material to be submitted to the journal. I understand that:**

(1) My name will not be published and ***EMPH*** will endeavour to ensure I remain anonymous, other than in relation to identifiable photographs for which I have given consent. However, I also understand that it is possible somebody may recognise me from the article.

(2) I understand that ***EMPH*** is an Open Access publication, and content is made available under the terms of the Creative Commons, primarily the [Creative Commons Attribution License](https://creativecommons.org/licenses/by/4.0/), which permits use, distribution and reproduction in any medium, provided that the content is properly cited. This means that my information can be read, used, and built upon by anyone around the world for free.

(3) I can change my decision to give consent to publish information about me at any time before final approval for publication by OUP, but once the article has been approved for publication in its final form it will not be possible to change my decision to give consent.

**\*\*\*SIGNATURE OF PATIENT / PARENT / GUARDIAN / NEXT OF KIN:**

**\*\*\*IF PARENT / GUARDIAN / NEXT OF KIN, STATE RELATIONSHIP TO PATIENT:**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF HEALTH PROFESSIONAL:**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Note to corresponding author*: The original signed consent form should be retained by the corresponding author. When submitting an article to ***EMPH***, please upload a scanned copy of the signed consent form using the electronic submission system.

*Note to health professional*: In addition to the consent form, please ensure that any other necessary permissions are cleared for use of the information, including any permissions required for use of information contained in medical records.