

Consent Form for Publication in an AME Journal

For a patient's consent to publish images and/or information about them in AME publications.

Name of patient: _____

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

Type and subject of the patient's materials submitted (e.g., clinical photograph, case descriptions, etc.).

Please state the intended use. _____

The provisional title of the article in which the material will be included: _____

As a patient or legal representative, I hereby give my consent for this material to appear in publications owned by AME Publishing Company¹. I have seen all the relevant materials that will be published, such as photographs and their legends. For case reports, I have read the article.

I fully understand and consent to 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 recognize 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) Under the license which AME uses [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND 4.0)]², material published in AME journals will be immediately and permanently free to all to read, download, copy and distribute as defined by the applied license. AME's publications go mainly to doctors and other healthcare professionals but also many others, including academics, students, and journalists.
- (4) The article, including the material, may be the subject of a press release and may be linked to social media and/or used in other promotional activities. Once published, the article will be placed on an AME journal's website and may also be available on other websites.
- (5) The text of the article will be edited for style, grammar, and consistency before publication.
- (6) I/the patient will not receive any financial benefit from the publication of the article.
- (7) The article may also be used in full or in part in other publications and products published by AME and/or by other publishers. This includes publication in English and translated, in print, in digital formats, and in any other formats that may be used by AME or other publishers now and in the future. The article may appear in local editions of journals or other publications published in China and overseas.
- (8) If other family members are referenced (e.g., in family history), I also confirm their consent to publication.
- (9) I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press"), it will not be possible to revoke the consent.
- (10) This consent form will be retained securely and in confidence by AME in accordance with the law for no longer than necessary.

Signed: _____ Print name: _____
Address: _____ Email address: _____
_____ Telephone no: _____

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

_____ Date: _____

If you are signing for a family or another group, please click the box to confirm that all relevant members of the family or group have been informed.

If the patient is under the age of 18 but has a sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed: _____ Print name: _____
Date of birth: _____ Date: _____

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

Signed: _____ Print name: _____
Position: _____ Address: _____
Institution: _____

Email address: _____ Telephone no: _____
Date: _____

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