

Patient consent form

For a patient's consent to publication of information about them in the *Journal of Aesthetic Nursing* (JAN).

Name of person described in the article or shown in the photograph: _____

Subject matter of photograph or article: _____

JAN manuscript number if available (provided at time of electronic submission) _____

Title of article: _____

Corresponding author: _____

I _____ [print full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above ("the Information") to appear in the JAN.

I have seen and read the material to be submitted to the JAN

I understand the following:

1. The Information will be published without my name attached and the JAN will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere – perhaps, for example, somebody who looked after me if I was in hospital or a relative – may identify me.
2. The text of the article will be edited for style, grammar, consistency, and length
3. The Information may be published in the monthly print JAN, which is distributed worldwide. The journal goes mainly to aesthetic practitioners but is seen by other individuals, including journalists.
4. The Information will also be placed on the JAN's website, <http://www.magonlinelibrary.com/toc/joan/current>
5. * The Information may also be used in full or in part in other publications and products published by MA Healthcare (the publishers of JAN) or by other publishers to whom MA Healthcare licenses its content. This includes publication in English and in translation, in print, in electronic formats, and in any other formats that may be used by MA Healthcare or its licensees now and in the future.
6. JAN will not allow the Information to be used for advertising or packaging or to be used out of context (for example, a photograph will not be used to illustrate an article that is unrelated to the subject of the photograph.)
7. I can revoke my consent at any time before publication, but once the Information has been committed to publication ("gone to press") it will not be possible to revoke the consent.

Signed: _____

Date: _____

Consent to publication, from the patient or the next of kin, must be obtained before submitting your article. Please save and print the form and add to it the relevant article's title (if/when the article has a JAN manuscript number add this too). Then show the patient the version of the article that you are submitting and, if s/he gives permission for publication, please ask him or her (or, as appropriate, their next of kin – in which case please explain this on the form) to sign the form. Then scan the signed and completed form into your computer and upload it to our online editorial office (<http://www.edmgr.com/joan>) when you submit your article.