

Consent form

For a patient's consent to publication of information about them in the Journal of Neurology, Neurosurgery, Psychiatry and in associated BMJ Publishing Group Ltd ("BMJ Group") publications and products.

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

Subject matter of photograph or article: _____

JNNP manuscript number _____

Title of article: _____

Corresponding author: _____

I _____ [insert 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 JNNP and associated publications.*

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

I understand the following:

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(2) The text of the article will be edited for style, grammar, consistency, and length

(3) The Information may be published in JNNP, which is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.

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(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: _____