

Consent Form

For patient's consent to publication of material in

Practical Neurology

Manuscript ID number:

Subject of article or photograph:

Date:

I give my consent for this material to be published in Practical Neurology. I have seen and read the material to be published.

Please tick as appropriate:

I am the patient

I am the patient's relative

I understand the following:

(1) The material will be published without my/the patient's name attached and every attempt will be made to ensure my/the patient's anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/the patient if I/the patient was in hospital or a relative - may identify me/the patient.

(2) The material may be published in Practical Neurology, which has a circulation of around 3700 and goes worldwide. The journal goes mainly to doctors but may be seen by many non-doctors, including journalists.

(3) The material will also be placed on the Practical Neurology web site, www.practical-neurology.com. At the moment this site is open only to subscribers but anyone may purchase access to individual articles. Material older than 12 months is freely available.

(4) The material may also be used by other BMJ Publishing Group products.

(5) The material will not be used for advertising or packaging.

Signed:

Name in BLOCK CAPITALS:

I also give consent for the material to be used in other publications that may approach Practical Neurology so long as the following criteria are met:

(1) The material will not be used for advertising or packaging.

(2) 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.

Signed:

Name in BLOCK CAPITALS: