



Patient's consent for the publication of material relating to them in *Respiratory Case Reports*

This consent form should be retained by the corresponding author and should not be sent to *Respiratory Case Reports*.

To be completed by the corresponding author:

Subject of article or photograph: _____

Name of author submitting material: _____

Corresponding author's address: _____

Manuscript reference number, if known (e.g. RCR-33042): _____

To be completed by the patient:

I give my consent for all or any part of this material to appear in *Respiratory Case Reports* and all editions of *Respiratory Case Reports*, and any other works or products, in any form or medium.

I understand that:

- My name will not be published with the material and *Respiratory Case Reports* will endeavour to ensure my anonymity. However, despite *Respiratory Case Reports*' best efforts, I understand that it is possible that somebody, for example members of my family or the health care staff who have looked after me, may recognise me from the image and/or the accompanying text.
- The uses of my material may include (without limitation) publication of the material in the print and electronic editions of *Respiratory Case Reports*, on websites, in sublicensed or reprinted editions (including foreign language editions), and in other works or products.
- I cannot revoke this consent once I have signed this consent form.
- This consent form will be retained by the corresponding author, and will not be sent to *Respiratory Case Reports*.

Signed: _____ Date: _____

Print name: _____

If you are not the patient, what is your relationship to them?

Witness: _____ Date: _____