Consent Form for Case report

For a patient’s consent to publication of information about them in a journal

Name of person described in article or shown in photograph: Bertha Whitehurst

Subject matter of photograph or article: genital warts

Title of article: Lichen sclerosus

Medical practitioner or corresponding author: Colleen Keogh

I, ____________, give my consent for this information about MYSELF OR MY CHILD OR WARD/ MY RELATIVE relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

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

2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.

3. The Information may be placed on a website.

4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Patient's Signature: __________________________ Date: __________________

Corresponding author signature: Colleen Keogh Date: 12/9/14