

# AJTMH consent form

For a patient's consent to publication of images and/or information about them.

Name of patient: \_\_\_\_\_

Relationship to patient (if patient not signing this form): \_\_\_\_\_

Description of the photo, image, text or other material about the patient:

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Provisional title of article in which Material will be included:

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## CONSENT

I \_\_\_\_\_ [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in the American Journal of Tropical Medicine and Hygiene.

**I confirm that I:**

- have seen the photo, image, text or other material about me/the patient**
- have read the article to be submitted to AJTMH**
- am legally entitled to give this consent.**

I understand the following:

1. The Material will be published without my/the patient's name attached; however, I understand that complete anonymity cannot be guaranteed.
2. The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
3. The article may be published in a journal which is distributed worldwide.
4. The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. Once published, the article will be placed on the AJTMH website and may also be available on other websites.
5. The text of the article will be edited for style, grammar and consistency before publication.
6. I/the patient will not receive any financial benefit from publication of the article.
7. The article may also be used in full or in part in other publications and products published by AJTMH. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used now and in the future.
8. I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent.
9. This consent form will be retained securely and in confidence by AJTMH in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with ASTMH's Privacy Policy available at <https://www.astmh.org/about-astmh/privacy-policy>

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Print name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

*If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).*

\_\_\_\_\_ Date: \_\_\_\_\_

*If you are signing for a family or other group, please check the box to confirm that all relevant members of the family or group have been informed.*

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**If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:**

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

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**Details of person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).**

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_