



Informed Consent Form

For patient consent to publication of information relating to them or a relative about them in JNN publications.

■ Title: _____

■ Participant's name: _____

By signing this form, I understand and agree to the following:

- (1) I give my permission to use the material identified above including demographic data, medical condition, treatment, prognosis, photographs, images, videos, and genetic information in JNN publications.
- (2) The material will be published without my/the patient's name attached; however, I understand that complete anonymity cannot be guaranteed. The subject may potentially be identified from the published material.
- (3) The article can be published in JNN journal that is distributed in print, free online, and in other formats worldwide. The article may also be used in full or in part in other publications and products published by JNN and/or other publishers. The article, including the Material, may be linked to or from social media and/or used in other promotional activities. The article will be placed on a JNN website and be available on other websites. The article and the material may be published in English and translated into other languages.
- (4) The text of the article will be edited for style, grammar, and consistency of the journal format before publication.
- (5) I/the patient will not receive any financial benefits relating to publication of the article.
- (6) The consent for publication can be withdrawn at any time before publication, but once the article has been committed to publication, including online ahead of print, withdrawal of the given consent will not be possible.
- (7) This consent form will be stored securely and in confidence by JNN for no longer than necessary.

**Name of Participant
/Substitute**

Signature

Date

**Name of Principal
Investigator**

Signature

Date