

## Consent Form for Publication in Galen Medical Journal

I, the undersigned, give my consent for my or my minor child's (insert name below, where indicated) photograph, other image or likeness, case history or family history to be published in Galen Medical Journal (GMJ). I have seen and read the material to be published. I have discussed this consent form with,----- who is an author of this article, and I understand the following: Dr. Alich Safari

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I understand and acknowledge each of the following:

While my name will not be published and GMJ will attempt to remove any information that could identify me, it is not possible to ensure complete anonymity, and someone may nevertheless be able to recognize me.

The text of the article may be edited for style, grammar, consistency, and length in the course of the review process.

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Signing this consent form does not remove my rights to privacy. I may revoke my consent at any time before publication, but once the information has been committed to publication ("gone to press"), revocation of the consent is no longer possible.

If other family members are referenced (eg in a family history) I confirm I have their consent also to publication.

### Name

Name of minor child if this Consent Form pertains to them:

Ali Akbar Danjani Date

Signed

10-11-2016

Author Date Signed

Please complete this form, obtain the patient's signature, and file in case notes.

The manuscript reporting this patient's details should state that consent to publication was obtained from the patient.