

## Consent Form for Publication in an AME Journal

For a participant's consent to publish images and/or information about them in AME publications.

Name of participant: \_\_\_\_\_

Relationship to person (if the participant not signing this form): \_\_\_\_\_

Type and subject of the participant's materials submitted (e.g., clinical photograph, case descriptions, etc.).  
Please state the intended use. \_\_\_\_\_

The provisional title of the article in which the material will be included: \_\_\_\_\_

As a participant or legal representative, I hereby give my consent for this material to appear in publications owned by AME Publishing Company<sup>1</sup>. I have seen all the relevant materials that will be published, such as photographs and their legends. For case reports, I have read the article.

I fully understand and consent to the following:

- (1) The material will be published without my/the participant's name attached; however, I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the participant or a relative - may recognize me/the participant.
- (2) The material may show or include details of my/the participant's medical condition or injury, and any prognosis, treatment, or surgery that I have/the participant has, had, or may have in the future.
- (3) Under the license which AME uses [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND 4.0)]<sup>2</sup>, material published in AME journals will be immediately and permanently free to all to read, download, copy and distribute as defined by the applied license. AME's publications go mainly to doctors and other healthcare professionals but also many others, including academics, students, and journalists.
- (4) The article, including the material, may be the subject of a press release and may be linked to social media and/or used in other promotional activities. Once published, the article will be placed on an AME journal's 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 participant will not receive any financial benefit from the publication of the article.
- (7) The article may also be used in full or in part in other publications and products published by AME and/or by other publishers. This includes publication in English and translated, in print, in digital formats, and in any other formats that may be used by AME or other publishers now and in the future. The article may appear in local editions of journals or other publications published in China and overseas.
- (8) If other family members are referenced (e.g., in family history), I also confirm their consent to publication.
- (9) 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.
- (10) This consent form will be retained securely and in confidence by AME in accordance with the law for no longer than necessary.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_  
Address: \_\_\_\_\_ Email address: \_\_\_\_\_  
\_\_\_\_\_ Telephone no: \_\_\_\_\_

If signing on behalf of the participant, please give the reason the participant cannot consent for themselves (e.g., the participant is under 18 or has cognitive or intellectual impairment).

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

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

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

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_  
Position: \_\_\_\_\_ Address: \_\_\_\_\_  
Institution: \_\_\_\_\_  
\_\_\_\_\_  
Email address: \_\_\_\_\_ Telephone no: \_\_\_\_\_  
Date: \_\_\_\_\_

1. AME journals: <https://www.amegroups.com/medicine-service>
2. CC BY-NC-ND 4.0, see <https://creativecommons.org/licenses/by-nc-nd/4.0/>