East and Central African
Journal of Surgery

Patient/Participant Consent Form

For a patient's consent to publication of images and/or information about them in the ***East and Central African Journal of Surgery***.

Name of patient: _____

Relationship to patient (if patient not signing this form): _____

*Description of the photo, image, text or other material (**Material**) about the patient. **A copy of the Material should be attached to this form**:* _____

Provisional title of article in which Material will be included: _____

_____

CONSENT

I_____ *[PRINT FULL NAME]* give my consent for the Material about me/the patient to appear in the *East and Central African Journal of Surgery (the official journal of the College of Surgeons of East, Central and Southern Africa [COSECSA])*.

I confirm that I: *(please tick boxes to confirm)*

- ☐ ***have seen the photo, image, text or other material about me/the patient***
- ☐ ***have read the article to be submitted to* the *East and Central African Journal of Surgery***
- ☐ ***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. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.

(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. The *East and Central African Journal of Surgery*'s publications go mainly to doctors and other healthcare professionals but are also seen by 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 from social media and/or used in other promotional activities. Once published, the article will be placed on the *East and Central African Journal of Surgery*'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 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 COSECSA and/or by other publishers. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used by COSECSA or other publishers now and in the future. The article may appear in local editions of journals or other publications (e.g., newsletters), published in Africa and overseas.

(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 COSECSA in accordance with the law, for no longer than necessary.

*Signed:*_____ *Print name:* _____

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

_____ *Date:* _____

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

If the patient is a child aged 7 years or older, they must also confirm their consent:

*Signed:*_____ *Print name:* _____

Date of birth: _____ *Date:*_____

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:*_____ *Print name:* _____

Position: _____ *Address:*_____

*Institution:*_____ _____

_____ _____

Email address: _____ *Telephone no:*_____

Date: _____