



Royal College
of Surgeons
of England

ADVANCING SURGICAL CARE

Patient consent form

For a patient's consent to publication of information about them in the *Annals* and/or *Bulletin* and in associated products of The Royal College of Surgeons of England ('RCS England').

Name of person described in article or shown in photograph:

Subject matter of photograph or article: Submission ID:

Title of article:

Corresponding author:

I [insert full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above ('the Information') to appear in the *Annals* and/or *Bulletin* and associated publications of RCS England. I have seen and read the material to be submitted to RCS England and I understand the following:

1. The Information will be published without my name attached and RCS England will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere may be able to identify me.
2. The text of the article will be edited for style, grammar, consistency, and length.
3. The Information may be published in print in the *Annals* or *Bulletin*, which is distributed worldwide. The journal goes mainly to surgeons but is seen by non-surgeons, including journalists.
4. The Information will also be placed online, via publishing.rcseng.ac.uk, within the digital edition of the *Annals* or *Bulletin*.
5. The Information may also be used in full or in part in other publications and products published by RCS England. This includes publication in print and electronic formats, and in any other formats that may be used by RCS England now and in the future.
6. RCS England will not allow the Information to be used for advertising or packaging or to be used out of the context of the article in which the Information appears.
7. I can revoke my consent at any time before publication, but once the Information has been committed to publication it will not be possible to revoke the consent.

Signed:

Date: