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Consent Form

Patient's consent for the publication of material relating to them in *Journal of Ultrasound*

This consent form should be retained by the corresponding author and should not be sent to *Journal of Ultrasound*

To be completed by the **corresponding author**:

Subject of article or photograph: _____

Name of author submitting material to *Journal of Ultrasound*:

Corresponding author's address:

To be completed by the **patient**:

I give my consent for this material to appear in *Journal of Ultrasound*. I have seen any pictures and read the material to be published.

I understand that:

- My name will not be published. I understand, however, that complete anonymity cannot be guaranteed.
- The material may be published in *Journal of Ultrasound*, which has a circulation of about 2.500.
- The material may also be placed on *Journal of Ultrasound's* web site. Both the printed version and the website are seen and read by doctors, journalists, and members of the public.
- The material will not be used for advertising or packaging.
- The material will not be used out of context.
- This consent form will be retained by the corresponding author, and will not be sent to *Journal of Ultrasound*.

Signed: _____

Date: _____

Print name: _____

If you are not the patient, what is our relationship to them?

Witness: _____ Date: _____

