

ASIAN SOCIETY OF PEDIATRIC DERMATOLOGY



Patient Consent Form

For a patient's consent for publication of images and/or information about them in the following publications (Please tick the relevant publication) :

- Asian Journal of Pediatric Dermatology
- ASPD Hotspot - Online Quiz
- ASPD Hotspot – Grey Cases

(Collectively called "ASPD Publication" in the rest of this form)

Name of patient:

<PRINT NAME>

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

<Relationship>

Description of the photo, image, text or other material (**Material**) about the patient.

<Description>

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 an ASPD publication.

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

- have seen the photo, image, text or other material about me/the patient
- am legally entitled to give this consent.
- I understand the following:
 - a. 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.
 - b. The Material may show or include details of my/the patient's medical condition and any prognosis, treatment that I have/the patient has, had or may have in the future.
 - c. The article may be published in a journal which is distributed worldwide. ASPD publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
 - d. I/the patient will not receive any financial benefit from publication of the article.
 - e. The article may also be used in full or in part in other publications and products published by ASPD 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 ASPD or other publishers now and in the future. The article may appear in local editions of journals or other publications, published locally or overseas.

- f. 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.
- g. This consent form will be retained securely and in confidence by ASPD in accordance with the law, for no longer than necessary.

Signed _____ Print Name _____

Address _____

Email _____ Tel _____

If signing on behalf of the patient, please give the reason why the patient cannot provide consent for themselves (e.g. patient is 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 under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed _____ Date of Birth <dd / mmm / yyyy>

Print Name _____ 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 _____ Tel _____

Print Name _____

Institution _____

Position _____

Email _____ Date _____

(Updated : April 2020)