

PATIENT CONSENT FORM

Subject of article or photograph:_____Date:_____

I give my consent for this material to appear in *Journal of Renovascular Disease* and associated publications. I have seen and read the material to be published. I understand the following:

- The material will be published without my name attached and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me if I was in hospital or a relative - may be able to identify me.
- The material may be published in the online journal, *Journal of Renovascular Disease*. The *Journal of Renovascular Disease* is a reputable journal for the medical profession whose aim is to review current knowledge in renovascular disease for educational purposes. The online journal can be found on the Internet at www.journalrenovascular-disease.com. The articles can be read by subscribers to the journal and members of the Renovascular Forum. The journal will be read mainly by doctors.
- The material will not be used for advertising or packaging.
- I also give consent for the material to be used in other publications that may approach *Journal of Renovascular Disease* as long as the following criteria are met: (1) The material will not be used for advertising or packaging.(2) the material will only be used for educational purposes in publications for the medical professions.

Name_____

Signed_____ Date_____

