

Participant Consent Form

This form is to be completed to record participant's consent to publication of information in the UCD Student Medical Journal. This MUST be completed for all submissions where individuals may be directly identified, even if their names do not appear (ex. photos, interviews, etc.).

Name of individual described in article or shown in photograph:
Subject matter of photograph or article:
Title of Submission:
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 UCDSMJ.

I have seen and read the material to be submitted to the UCDSMJ.

I understand the following:

- (1) The Information will be published with or without my name attached, as previously decided with the author. I am aware of whether or not my name will be included.
- (2) If my name is not included in the article, the UCDSMJ will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed and that the possibility exists that an individual (ex. hospital employees, relatives) may identify me from the information provided in the article.
- (3) The text of the article may be edited for style, grammar, consistency, and length.
- (4) The Information may be published in the annual print edition of the UCDSMJ. This journal is distributed to medical students and teaching staff at the School of Medicine at UCD but may be seen by individuals outside of this group.
- (5) The Information may also be placed on the UCDSMJ website and will be available in the public domain.
- (6) The UCDSMJ will not allow the Information to be used inappropriately for advertising or to be used out of context (e.g. an image will not be used to illustrate another article).
- (7) I can withdraw my consent at any point before publication; however, once the Information has been sent to press it is not possible to retract the consent.

Signed: _____

Date: _____