Consent for Publication of Identifying Material in JAMA and Archives Journals

I give my permission for the following material to appear in the print, online, and licensed versions of JAMA/Archives Journals and for JAMA/Archives Journals to grant permission to third parties to reproduce this material.

Title or subject of article or photograph, video, or audio:_________________________________

______________________________________________________________________________

I understand that my name will not be published but that complete anonymity cannot be guaranteed.

Please check the appropriate box below after reading each statement.

☐ I have read the manuscript or a general description of what the manuscript contains and reviewed all photographs, illustrations, video, or audio files (if included) in which I am included that will be published.

or

☐ I have been offered the opportunity to read the manuscript and to see all photographs, illustrations, video, or audio files (if included) in which I am included, but I waive my right to do so.

Signed__________________________________  Date____________________

Print name______________________________

If you are granting permission for another person, what is your relationship to that person?

_______________________________________________________________________

JAMA and Archives Journals

JAMA
Archives of Dermatology
Archives of Facial Plastic Surgery
Archives of General Psychiatry
Archives of Internal Medicine

Archives of Neurology
Archives of Ophthalmology
Archives of Otolaryngology--Head & Neck Surgery
Archives of Pediatrics & Adolescent Medicine
Archives of Surgery