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(Note to author: the article title and author's name must be completed before submission. This form must be signed by the patient, guardian or next-of-kin, verbal consent is not permitted.)

Title of article: _____

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Name of person described or pictured:

I _____ give permission for material about me (or my child/ward/relative) to be published in the *Medical Journal of Australia (MJA)*.

I understand that:

- The use of my (or my child's/ward's/relative's) material may include publication of the material in all formats (including print and online) of the journal and other publications produced by the *MJA*. The *MJA* is a professional medical journal for doctors, but its website may be accessed by the general public. The material will not be used for advertising, packaging or financial gain.
- I understand that my (or my child's/ward's/relative's) name will not be published and that every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed, for example, members of my family or the health care staff who have looked after me may recognise me from the image and/or the accompanying text.
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Please tick the appropriate box below:

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