

## Consent form for publication in *eLife*

I, the undersigned, give my consent for my/my child's/my relative's (circle as appropriate) photograph/clinical images and/or case history to be published in *eLife* (<http://www.elifesciences.org/>). I have seen and read the material to be published. I have discussed this consent form with \_\_\_\_\_, who is an author of this paper, and I understand that:

\* *eLife's* published articles are freely available on the internet. Hence, anyone anywhere in the world can read them. Readers not only include doctors but also journalists and members of the general public.

\* My name/my child's name/my relative's name (circle as appropriate) will not be published, and as far as possible all identifying features will be removed. However, it is not possible to ensure complete anonymity.

\* The Creative Commons Attribution license (<https://creativecommons.org/licenses/by/4.0/>) under which *eLife* publishes, allows articles to be redistributed freely and used for any legal purpose, including translation into other languages and commercial uses.

\* Signing this consent form does not remove my/my child's/my relative's (circle as appropriate) rights to privacy.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Author name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete this consent form, obtain the patient's signature (or the signature of a parent/guardian/relative, as appropriate), and keep it within the patient's case notes. The article reporting this patient's details should state that consent to publication was obtained from the patient (or the parent/guardian/relative, as appropriate).