

Consent for Publication of Figure Image and/or Case Information

Patients have the right to refuse to sign this consent form; refusal to sign this form will not affect their care in any way.

Title of submitted manuscript: _____

Author(s) name(s): _____

Person/Patient to fill in items below:

- I have seen a version of the manuscript to be submitted/published (including any pictures) and I hereby give my consent for my image or other information relating to me to be reported in the above-named manuscript for consideration of publication in the *Canadian Journal of Respiratory Therapy (CJRT)*. I understand that this signed form will be submitted to the journal with the manuscript as evidence of my consent.
- I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.
- I understand that the material may be published in the *CJRT* (both in print and electronically). As a result, I understand that the material may be seen by the general public. I understand that I may revoke consent at any time before publication, but once the information has been published revocation of the consent is no longer possible. I understand that I will derive no financial benefit from publication of this paper.

Name of Person (print)

Date

Signature (or signature of the person giving consent on behalf of the person)

Only complete this section if you are not the patient/person. What is your relationship? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.)

Why is the patient not able to give consent? (e.g., is the patient a minor, incapacitated, or deceased?)

If images of the patient's face or distinctive body markings are to be published, the following section should be signed in addition to the first section:

I give permission for images of my face or distinctive body markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

Signature of patient (or signature of the person giving consent on behalf of the patient)

Date

Authors will upload this completed form at the time of initial manuscript submission to the journal website.