

South Dakota medicine

CONSENT FOR PUBLICATION

I am the person depicted, or the parent or guardian of the person depicted, in the case report and I hereby grant my consent without restriction to *South Dakota Medicine* to publish, including any images relating to the case. I also agree that *South Dakota Medicine* may grant permission to third parties to use, display or reproduce this material.

Title of manuscript: _____

I understand that my name or other identifying information will not be published. Complete anonymity cannot be guaranteed. I have also been offered the opportunity to read the manuscript.

Name (print): _____

Signature: _____

Date: _____

If you are not the patient, what is your relationship to him or her? (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?)
