Consent for Publication of Identifying Material in The JAMA Network Journals

I give my permission for the following material to appear in the print, online, and licensed versions of The JAMA Network Journals and for The JAMA Network 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I understand that my name will not be published but that complete anonymity cannot be guaranteed.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.

☒ 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?

________________________________________________________________________

The JAMA Network Journals

JAMA  JAMA Ophthalmology
JAMA Cardiology  JAMA Otolaryngology–Head & Neck Surgery
JAMA Dermatology  JAMA Psychiatry
JAMA Facial Plastic Surgery  JAMA Pediatrics
JAMA Internal Medicine  JAMA Surgery
JAMA Neurology
JAMA Oncology