



Consent form

For a patient's consent to publication of images and/or information about them in Australasian Students' Surgical Association (ASSA) publications.

Name of patient	
Relationship to patient (if patient not signing this form)	
Description of the photo, image, text or other material (Material) about the patient	
Provisional title of article in which Material will be included	

I _____ [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in an ASSA publication.

I confirm that I: (please tick boxes to confirm)

<input type="checkbox"/>	have seen the photo, image, text or other material about me/the patient
<input type="checkbox"/>	have read the article to be submitted to ASSA
<input type="checkbox"/>	am legally entitled to give this consent.

I understand the following:

- (1) The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- (3) The article may be published on the ASSA membership portal which is accessible worldwide. The ASSA website is mainly accessed by medical students but may also be seen by others including doctors and other healthcare professionals.
- (4) The article, including the Material, may be linked to from social media and/or used in other promotional activities.
- (5) The text of the article will be edited for style, grammar and consistency before publication.
- (6) I/the patient will not receive any financial benefit from publication of the article.
- (7) The article may also be used in full or in part in other publications and products published or presented by ASSA, such as the Australasian Students' Surgical Conference (ASSC).
- (8) I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent.
- (9) This consent form will be retained securely and in confidence by ASSA, for no longer than necessary.



Australasian Students' Surgical Association

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<input type="checkbox"/>	Please tick box to confirm the following: Where this consent relates to an article in ASSA, I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.
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Signed	
Print name	
Address	
Email address	
Telephone number	
If signing on behalf of the patient, please provide reason:	
Date	

<input type="checkbox"/>	Please tick box to confirm the following: If you are signing for a family or other group, confirm that all relevant members of the family or group have been informed.
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If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed	
Print name	
Date of birth	
Date	

Details of person who has explained and administered the form to the patient or their representative:

Signed	
Print name	
Position/Institution	
Address	
Email address	
Telephone number	
Date	