RADIOLOGY
&
MOLECULAR
IMAGING

PATIENT CONSENT FORM

**The following information must be provided in order for this form to be processed accurately.*

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

☐ I hereby give my consent for images or other clinical information relating to my case to be reported in a medical publication.

☐ I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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 a journal, Website or other form of publication. As a result, I understand that the material may be seen by the general public.

☐ I understand that the material may be included in medical books.

Name of the patient:_____ Signature:_____

Patient's date of birth:_____

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?)

_____

**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markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

Name of the patient: _____ Signature: _____