Patient Consent Form

To be used to obtain a patient's consent to publication of information about them in the *International Journal of MS Care* publications and products.

Name of person described in article and/or shown in photograph: IJMSC manuscript number: Corresponding author: Title of article:

I, the undersigned, give my consent for information about myself / my minor child / my ward / my relative for whom I am a legally authorized representative (circle which is appropriate) to be published in the *International Journal of MS Care* (IJMSC) publications, both in print and online. I have seen and read the material to be published. I have discussed this consent form with , an author of

this article, and I understand the following.

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- Although my/his/her name will not be published and IJMSC staff will attempt to remove any identifying information, someone may still be able to recognize me / my minor child / ward / relative despite these efforts. Complete anonymity is not guaranteed.
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- I may revoke my consent at any time before publication, but once the information has been committed to publication ("gone to press"), revocation of consent is no longer possible.
- If other family members are referenced in the article (for example, if a family history is provided), I confirm that I also have their consent for publication.

Signed:	Date:
After completing this form and objournal. (IJMSC@mscare.org)	otaining patient's signature, file form in case notes and return to