



## Consent Form

(For a patient's consent to publication of information about them in *International Journal of MS Care* [IJMSC] publications & 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 *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 \_\_\_\_\_, who is an author of this article, and I understand the following:

- All *International Journal of MS Care* (IJMSC) content is freely available on the internet/web ([www.ijmsc.org](http://www.ijmsc.org)), including text, pictures/photographs. Thus, anyone worldwide can read and view material published in the *International Journal of MS Care* (IJMSC). Readers include not only health care providers but also patients, journalists, and other members of the public. It may also appear in other formats.
- Although my/his/her name will not be published and *International Journal of MS Care* (IJMSC) staff will attempt to remove any identifying information, someone may still be able to recognize me or my minor child, ward, or relative despite these efforts. Complete anonymity is not guaranteed.
- The text to be published will be edited in the course of the review process, particularly for grammar, style, consistency, and length.
- Although the Consortium of Multiple Sclerosis Centers holds copyright on most, if not all, material published in *International Journal of MS Care* (IJMSC) publications, permission is sometimes granted for other uses (such as reproducing parts of an article, translations into other languages, and posting versions of articles in other locations, including online university repositories, etc.).
- I understand that I will not receive payment or royalties for this material, and I do not have a claim on any possible future commercial uses of this content. It is beneficial to be included.
- I may revoke my consent at any time before publication, but once the information has been committed to publication ("gone to press"), revocation of the 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 obtaining patient's signature, file form in case notes [do not give to journal].)