

Consent for Publication of Identifying Material in *JAMA/Archives Journals*

I give my permission for the following material to appear in the print, online, and licensed versions of *JAMA/Archives Journals* and for *JAMA/Archives Journals* to grant permission to third parties to reproduce this material.

Title or subject of article, photograph, or video: _____

I understand that my name will not be published but that complete anonymity cannot be guaranteed.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, or video files (if included) in which I am included that will be published.

or

I have been offered the opportunity to read the manuscript and to see all photographs, illustrations, or video 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?

JAMA/Archives Journals

JAMA

Archives of Dermatology

Archives of Facial Plastic Surgery

Archives of General Psychiatry

Archives of Internal Medicine

Archives of Neurology

Archives of Ophthalmology

Archives of Otolaryngology–Head & Neck Surgery

Archives of Pediatrics & Adolescent Medicine

Archives of Surgery