

**Patient/Volunteer Consent Form Allowing Publication of
Personal Materials in JNSPG Journals**

Manuscript No.: _____

To provide consent, please check both boxes:

I give my consent for videos, images, or clinical or genetic information that could reveal my identity to be published in a JNSPG journal.

I understand that my name and/or initials will not be published, but it is possible that someone may recognize me through videos, images, or information printed in this article. I realize that all JNSPG journals are available online (<http://thejns.org/>) and, therefore, understand that the article may be seen by the general public.

Please read the following and check and sign in the appropriate places.

I am 18 years of age or older and capable of providing patient/volunteer consent to allow publication of my personal information in a JNSPG journal.

Name: _____

Signature: _____

Date: _____

OR

I am the parent, guardian, or next of kin to this patient/volunteer. I am authorized to provide consent to allow publication of that person's information in a JNSPG journal for the following reason (please check appropriate box).

The patient/volunteer is younger than 18 years of age.

The patient/volunteer is incapacitated.

The patient/volunteer is deceased.

Name: _____

Relationship to patient/volunteer
(parent, guardian, or next of kin): _____

Signature: _____

Date: _____