**Informed Consent**

Informed Consent Form completed by the participant or his representative for publication of identifiable material in the Portuguese Journal of Otorhinolaryngology – Head and Neck Surgery

Name of the person described in the article or shown in the photo

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject of photo or article: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the article: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corresponding author: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [enter the full name] give my consent for this information about My Person /My Son, Daughter, Ward, Relative [mark the correct description], relating to the aforementioned subject, be published in the Portuguese Journal of Otorhinolaryngology – Head and Neck Surgery

I have seen and read the material to be submitted to the Journal and I understand the following:

1) The publication of this information has a scientific purpose, for teaching and documentation of aspects related to the medical practice.

2) The information will be published without my name and the Journal will do its best to ensure anonymity. However, I understand that complete anonymity may not be guaranteed.

3) The information can be published in the Journal, which is distributed worldwide

4) The information will also be posted on the Journal website

5) I will not be able to revoke my consent once the information has been compromised for publication.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_