

Medical Illustration

CONSENT FORM		for publication of a subject's images/video/audiotape	
To be completed by the clinician			
Subject's name and hospital no (if appropriate):			
Description of images/video/audiotape:			
Intended use			
Title and description of programme / teaching package:		Method of distribution: CD/DVD <input type="checkbox"/> Media Server <input type="checkbox"/> Other, please describe:	
Author(s) of programme/teaching package:		Expected release date:	
Clinician's signature			
Signature			
Print name and title		Date	
To be completed by the subject			
I consent / do not consent* to the use of my images/video/audiotape for the intended use above.		I would like to view/listen to the video/audiotape	
*Delete as necessary		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature of subject/parent/guardian (and child if appropriate)			
Subject/parent/guardian			
Child			
Address			
		Postcode	
Telephone			
Date			
Changing consent			
Please contact us at any time if you want to change the consent that you have given, or have your images/video/audio deleted, and we will amend your records accordingly.			
Write to: VP (Health) Offices Queen Mary University of London 2nd Floor, Dean Rees House, Charterhouse Square, London EC1M 6BQ			
This completed form should be filed by the School of Medicine and Dentistry Course Administrator.			
A copy of this completed form must be provided to the subject.			