**Hematology, Transfusion and Cell Therapy (HTCT)**

**Consent for Publication of Identifying Clinical Photographs**

Patients have the right to refuse to sign this consent form. Refusing to give consent will not affect patient care in any way.

Manuscript Title:

Author(s):

I hereby give my consent for photographic of my face or distinctive body markings or other clinical information relating to my case to be published in the **Hematology, Transfusion and Cell Therapy**. I understand that my name and initials will not be published. I understand that even though my name and initials will not be published, I might be identifiable.

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Patient or subject’s full name

Patient or subject signature (if over 18 years of age)

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_