

## Consent form for publication at the ABN Annual Meeting 2024

I, the undersigned, give my consent for a synopsis of my case history to be presented at the ABN 2024 Meeting and published in the conference app and in the Journal of Neurology, Neurosurgery and Psychiatry (JNNP).

I have discussed this consent form with \_\_\_\_\_, and I understand the following:

Membership of the ABN includes consultant neurologists and other neuroscientists, neurophysiologists, neuropathologists, neurology trainees and relevant administrative staff.

My name will not be published, and as far as possible all identifying features will be removed. If my case is very rare, it may not be possible to ensure complete anonymity, and someone may be able to recognize me. I understand that signing this consent form does not remove my rights to privacy.

### ***Patient***

Name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

### ***Author/presenter***

Name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Please complete this form, obtain the patient's signature, and file in their case notes or your records. It is not necessary to send a copy to the ABN.

*The abstract of the case reporting this patient's details should state that consent to publication was obtained from the patient.*