Title of article: 

Name of author submitting the material: 

I understand that:

- I give my permission for the following material to appear in the print, online, and licensed versions of the journal of mycology and infection.
- I understand that the journal may grant permission to third parties to reproduce this material.
- I understand that my name will not be published but that complete anonymity cannot be guaranteed. I understand that it is possible that someone may recognize me or my family from the images and/or accompanying content.

PATIENT:

Signed: 

Print name: 

Address: 

Date: 

If you are not the patient:

What is your relationship to him/her: 

Address: 

Witness: 

Date: 