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I hereby give my consent for my image or other information relating to me to be reported in the above-named manuscript for consideration of publication in the *Nutritional Foundations*. I understand that this signed form will be submitted to the journal with the manuscript as evidence of my consent.

I understand that protected health information such as my name, identification number, billing information, address, etc. will not be published and that efforts will be made to conceal my identity, however, the journal cannot guarantee confidentiality once the case is published. Images, including distinctive body markings and/or diagnostic images, may be published.

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Name of Person/Patient (print)

Signature (or signature of the person giving
consent on behalf of the person/patient)

Date

Only complete this section if you are not the person/patient. What is your relationship? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the person/patient.)

Why is the person/patient not able to give consent? (e.g., is the person/patient a minor, incapacitated, or deceased?)

Authors will upload this completed form at the time of initial manuscript submission to the journal website.