

Consent Form

Title of Manuscript

Manuscript ID

Journal

Corresponding author

I hereby provide consent for the publication of the manuscript detailed above, including any accompanying images or data contained within the manuscript that may directly or indirectly disclose my identity (or that of my child/ ward/relative if signed by a parent or legal representative).

I understand that this information will be freely available online, and accessible to the general public. I understand that under the Frontiers terms of publication, this information may be reproduced and used for other purposes, including commercial uses. I acknowledge that this will reduce my actual privacy to the extent of the content of the manuscript.

I confirm that I have been given the opportunity to view the manuscript prior to publication, and I understand that once published, it cannot be removed from the published record except in exceptional circumstances.

Name

Signature

Date

If consent is being provided by a parent or legal representative, please complete the following:

Name of Representative

Relationship of patient/participant

Signature

Date

NOTE: Please do not return this form to Frontiers. It should be completed and stored by the corresponding authors, in accordance with institutional policies. The form should be made available on request during review and post-publication.