



Case study consent form

Please return to: Matthew Gass, British Association of Dermatologists
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tel: 0207 391 6084;

Email: matthew.gass@bad.org.uk

www.bad.org.uk

Dermatologist's name and place of work:

I am the patient / parent / guardian (please delete as appropriate. Consent from the parent or guardian is required when the patient is under 16 years of age.)

Surname:

Forenames:

Address:

Phone number:

Email:

Name of condition / disorder:

Name of patient (if form being completed by parent or guardian):

Patient's date of birth:

Patient's sex (please tick): Male Female

Statement explaining how the condition affects my life and makes me feel: (please continue on a separate sheet if you require more space)

Continued...

Personal statement continued....

I am happy to act as a 'case study' in the following (please delete as appropriate):

The BAD's own publications: YES / NO

Media reports (The BAD will contact you with the details of any media queries you may be able to help with): YES / NO

Both: YES / NO

I have read and understood the BAD guidance regarding case studies and agree to the submission of my personal statement and any photographs also provided and the use by the BAD of this material in accordance with these terms.

Signature:

Date:

Name (Please Print):