Appendix 1

**CONSENT TO PUBLISH FORM**

**Patient or Study Participant Consent for Publication of Identifiable Details**

**Title of Manuscript:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Article")

**Journal:***Advances in Multilingual and Multicultural Research* ("Journal")

I, the undersigned, give my consent for the publication of identifiable details, which may include but are not limited to photographs, videos, case history, and/or other details within the text ("Material"), to be published in the above Journal and Article. I confirm that I have reviewed the Material and the Article (as attached) that is intended for publication. I have discussed this consent form with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is an author of this paper.

I understand that *Advances in Multilingual and Multicultural Research* is available in both print and digital formats and may be accessible through various distribution channels, including academic databases, online repositories, and third-party marketing platforms. I acknowledge that the readership may include researchers, academics, journalists, and members of the general public.

**Patient/Study Participant Information:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

**Note:** If the patient/study participant is a minor (i.e., under 18 years of age) or is unable to provide informed consent for publication, this form must be signed by their parent or legal guardian.

**Note:** If the patient/study participant is deceased, this form must be signed by their next of kin.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient/Study Participant (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Author Information:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions to Authors:**Authors must complete this form, obtain the patient’s or study participant’s signature, and retain a copy for their records. The manuscript should explicitly state that consent for publication has been obtained. The following statement may be included:

*“Written informed consent for publication of their details was obtained from the patient/study participant/parent/guardian/next of kin.”*

Authors must be prepared to provide a copy of this form to the journal’s editorial office upon request.