**Patient Consent Form for Articles Containing
Patient Details and/or Images**

This form provides consent for MDPI to publish details and/or images from patients. It must be completed prior to publication.

**Patient details**

Patient name: \_ All patients of the present study

If a representative (e.g. parent, guardian, or next of kin) is signing on the patient’s behalf in the event of the patient being underage, deceased or deemed unfit to give legal consent:

Name of patient representative: \_\_\_\_Ricardo Ruiz Villaverde\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of representative to patient: \_\_

 Consultant Dermatologist, responsible of the treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

**Article details**

Article title: \_\_\_ **JAKinhibs in psoriatic disease: analysis of the efficacy/safety profile in daily clinical practice** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Journal: \_\_\_\_Diagnostics\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Declaration by patient or their representative**

I, the patient named above or the patient’s representative, have read the abovenamed article in full (including text, figures, and supplementary material) and agree to its publication. I am fully aware of the implications of publication and accept any associated risk. In particular, I understand that, despite anonymization, it is possible that I (or the patient) may be identified based on the details or images contained in the article. While the authors and the publisher will make efforts to minimize this risk, confidentiality cannot be guaranteed.

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I understand that I/the patient will receive no financial benefit or compensation from publication of the article.

Patient and/or representative signature(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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