

JoVE Participant Release Form

All participants in a JoVE filming who are not listed authors on the project manuscript, such as lab/graduate assistants or patients must fill out this form.

Participant Name: Jeff Nicklas

Project Title: 10061 - LYMPH NODE EXAM

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at Tufts Medical Center

(Recording Location)

on 10/29/15

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature [Signature]

Address 75 Burbank St. #321 City Boston

State MA Zip code 02115

Date: 12/13/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian \_\_\_\_\_

(Signature)

(Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

JoVE Participant Release Form

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Participant Name: Molly Wallner

Project Title: 10148 EAR-OTOSCOPE EXAM

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at TUFTS MEDICAL CTR  
(Recording Location)

on 10/29/15  
(Date)

By: Aaron Kolski-Andreaco  
(Producer)

For: The Journal of Visualized Experiments (JoVE)  
(Producing Organization)

Participant Signature Melinda Wallner

Address 75 Burbank St. #301 City Boston

State MA Zip code 02115

Date: 12/14/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian \_\_\_\_\_  
(Signature) (Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

JoVE Participant Release Form

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Participant Name: MOLLY WALLER

Project Title: 10152 - SINUS, NOSE, THROAT EXAM

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at TUFTS MEDICAL CTR

(Recording Location)

on 12/8/15

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Melinda Wallner

Address 75 Burbank St. #301 City Boston

State MA Zip code 02115

Date: 12/08/2015

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian \_\_\_\_\_

(Signature)

(Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

JoVE Participant Release Form

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Participant Name: MOLLY WALZER

Project Title: 10146 - OPHTHALMOLOGIC EXAM

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at TUFTS MEDICAL CTR

(Recording Location)

on 12/8/15

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Melinda Wallner

Address 75 BURBANK ST City Boston

State MA Zip code 02115

Date: 12/8/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian \_\_\_\_\_

(Signature)

(Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

JoVE Participant Release Form

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Participant Name: MOLLY WALNER

Project Title: 10149 - EYE EXAM

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at TUFTS MEDICAL CTR

(Recording Location)

on 12/14/15

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Melinda Wallner

Address 75 BURLINGTON ST City BOSTON

State MA Zip code 02115

Date: 12/14/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian \_\_\_\_\_

(Signature)

(Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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