

Request for Permission

To enable us to process your request as quickly as possible, please complete this form in electronic format as detailed and accurately as possible. Please return the form to ERS Permissions via email permissions@ersj.org.uk

1. Pl	ease provide your	details				
Name:						
Company/Institution/						
Hospital/University:						
Address:						
Zip Code/Postcode:						
Country:						
E-ma	ail:					
2 Pc	squester Type /ples	ase mark relevant bo	ovl			
2. NE	• • • • • • • • • • • • • • • • • • • •			Institute		
	Author/contributor of the new work for which I am requesting permission		01	institute		
	Publisher			University		
	Agency acting on behalf of publisher			Hospital		
	Agency acting on			Society		
	pharmaceutical co			Society		
	Pharmaceutical			Student		
	Healthcare Profes	ssional		Film/TV/Production Company		
				• • • • • • • • • • • • • • • • • • • •		
3. Fr	•	•	ty publicatio	n do you request permission:		
European Respiratory Journal						
	ERJ Open Research					
	European Respiratory Review					
	ERS Monograph					
	Breathe					
	Other (please provide details):					
4. Please provide citation details (Journal/Book Title, Publication Year, Volume, Issue, Page Numbers, Title of the Chapter/Article, Author Names, ISBN) from which you would like to use content:						
Please provide full details of the material that you would like to use:						
	e article/book char		mat you wou	The the course		
Abstract:						
Figure or Table number/s:						
Excerpts – please provide full details:						
Other (please state):						
	•	1				



5. Type of use – please select for which purpos	e you like to use the material:				
Book	Classroom Materials/Academic Course pact				
Journal	Poster				
eBook	CD-ROMS/DVD				
ePrints/Printed copies	USB-Sticks				
Newsletter/Newspaper	TV/Video				
Thesis/Dissertation	Website				
Annual Report	Training Material				
Presentation/Slide Kit	Touch Screen/iPads/Tablets				
Promotional Brochure/Flyer	Арр				
Institutional Brochure/Flyer	Social Media				
Other (please state):					
6. How and in what format will the material be	e used:				
Title of the publication/product: Title of the article/chapter /poster/slide					
presentation/flyer:					
Author & Editor Names:					
Congress/Meeting where the poster will					
be displayed:					
Planned Publication Date:					
Publication Format – please select:					
Print only					
Print and e-version on secure controlled downloadable repository					
Print and e-version protected website					
-	Print and e-version Internet/Open Access (Creative Commons License)				
Print and e-version iPads/tablets					
Print and e-version Internet – protected b	Print and e-version Internet – protected but freely accessible				
E-version only – protected website	• • • • • • • • • • • • • • • • • • • •				
E-version only – Internet/Open Access (Creative Commons License)					
E-version only – iPads/tablets					
E-version only – Industrablets E-version only – Internet – protected but freely accessible					
Translation Language/s:	,				
	ompany which will distribute the work/product				
Name of the Publisher:	STM signatory:				
Name of the Company:					
8. Information about quantity or duration – ple	ease select and specify				
For print version please supply number of copie	es				
For e-versions					
Web address/URL:					
Estimated number of users – if not Open Access	5:				
Estimated or number of downloads:					
Expected life of publication/duration:					
	<u> </u>				
For conference, training, lecture, etc. estimate					



9. Additional Information:					
Project Reference (if applicable):					
Supporting comments about your proposed use:					

We do our best to respond to requests within 3 days of receipt; in some cases it may take longer.