## TERM OF COPYRIGHT TRANSFER

| TRANSFEROR (S): |         |
|-----------------|---------|
| Full name:      |         |
| Nationality:    |         |
| Profession:     |         |
| RG:             | CPF/MF: |
| Address:        |         |
| Phone: ( )      |         |
|                 |         |

SOCIEDADE BRASILEIRA DE DERMATOLOGIA (Brazilian Society of Dermatology), registered with CNPJ/MF under number 42174094/0001-65, based at Avenida Rio Branco, 39, 18 andar, Centro – Rio de Janeiro – RJ.

Manuscript: (Insert title of manuscript)

TRANSFEREE:

- 1 The TRANSFEROR(s) state that the abovementioned work is original and written exclusively by them; it has not been submitted for publication to any other means of communication, and all specific authorizations have been granted to cite sources. The TRANSFEROR(s) are to be held responsible before the TRANSFEREE for any violations or infractions to copyright or other rights of third parties that may result from or be characterized by the content of the present work, exempting the TRANSFEREE from any responsibility or participation in the acts or their consequences and effects. Thus, as principal author (s) and holder (s) of the overall copyrights of the work, the TRANSFEROR(s) herein assign and transfer to the TRANSFEREE permanently, exclusively and free of charges, the title to the copyrights of the work, including the images it contains.
- 2 By the present act, it is herein transferred to the TRANSFEREE the title to the copyright of the manuscript "\_\_\_\_", for reproduction of editorial and/or commercial nature; for printed, electronic, electromagnetic, digital and/or multimedia publication; for modification, amendment, translation, reproduction, unlimited distribution of copies and in any geographic area in Brazil or abroad, in any language. Thus, the present transfer covers all forms of use, without the need for prior authorization. The work may be used in its entirety or in part.
- 3 The TRANSFEROR (s) state that they hold single responsibility for the text and/or image reproduction, as well as for the accuracy and reliability of credits and copyrights of the manuscript herein being transferred.
- 4 The TRANSFEROR (s) do not waive the right to citation of their authorial credits in the publication of the work whose rights are herein being transferred.

- 5 The Brazilian Society of Dermatology, however, should assign to the TRANSFEROR (s) the right to republish the work in any printed and/or electronic collection, free of charge, provided that the work has been previously published on the journal owned by the TRANSFEREE entitled "ANAIS BRASILEIROS DE DERMATOLOGIA" (Brazilian Annals of Dermatology). The TRANSFEROR should request prior authorization from the Editorial Staff of the journal and make due citation in the new publication.
- 6 The present transfer shall come into effect on the date of signature of this contract. However, if the manuscript is not accepted by the Review Board of the journal owned by the TRANSFEREE, entitled "ANAIS BRASILEIROS DE DERMATOLOGIA", and if the study is not published in the journal within 5 (five) years from the signature of this contract, the present transfer shall become void and the full rights herein assigned will be automatically restored to the TRANSFEROR (s).

| ,of                    | of | (place and date) |
|------------------------|----|------------------|
| Signature: TRANSFEROR: |    |                  |

## AUTHORIZATION FOR THE PUBLICATION OF PHOTOGRAPHS

| Full Name: Nationality:   |  |   |  |  |  |
|---|--|---|--|--|--|
| Profession:<br>RG:  |  | CPF:  |  |  |  |
| Address:  |  | CII.  |  |  |  |
| Legal guardian (if a  | applicable):   |   |  |  |  |
| Kinship degree:   |  |   |  |  |  |
| Name of Physician   | :  |   |  |  |  |
| Object: Photograph including diagnosis  | s of the GRANTOF   | R (S) dated from  | n  | (describe photogr  | aphs   |
| SOCIEDADE BR<br>DERMATOLOGY<br>reproduce my imag<br>published in the sci<br>webpage (www.ang<br>for all scientific and<br>I herein state that I<br>picture to be publis<br>However, I do not<br>the Brazilian Socie | nent I authorize, free ASILEIRA DE | ERMATOLOC<br>CNPJ/MF und<br>tographs, object<br>led "Anais Braseom.br), withous<br>ses not necessal<br>acial traits may<br>purposes above<br>ion of my name<br>for the purposes | der number et of the pres sileiros de D at limit to the rily expresse be visible, the mentioned e in any of the sof this authorized the sof this autho | ILIAN SOCIETY 42174094/0001-63 ent authorization, termatologia" and of the number of issues and the number of issues and the number of issues and the number of issues are images to be use prization. | OF<br>5, to<br>to be<br>on its<br>, and<br>n the |
| my photographs, e   | y rights related to the xempting the Brazing that could a              | ilian Society o   | f Dermatolo  | -  |  |
|   | of   | of  | (place a   | nd date)   |  |
| Signature:  |  |   |  |  |  |
| Name:   |  |   |  |  |  |
| Witnesses:  |  |   |  |  |  |
| 1)  |  |   |  |  |  |
| Name:   |  |   |  |  |  |
| CPF:  |  |   |  |  |  |
| 2)  |  |   |  |  |  |
| Name:   |  |   |  |  |  |

## CPF:

\* If the patient is a minor or unable to give written permission for any reason, the authorization should be granted by the patient's legal guardian.