



This form is to be used when any Member submits any Media responses (Video, Voice, Photo) including a third party, in accordance with the nuaxia <https://www.nuaxia.com/terms-of-use> and <https://www.nuaxia.com/privacy-policy>.

nuaxia Member Details

Title: _____

Name: _____

Last Name: _____

Email Address: _____

Response Type: Video / Voice / Photo

Member Type: HCP / Patient

I hereby confirm the third party (listed below) has given permission for me to provide a recorded Media response (as specified) including an identifiable image of them.

SIGNATURE: _____

Date (dd/mm/yyyy): _____ / _____ / _____

Third Party Details:

Title: _____

Name: _____

Last Name: _____

Email Address: _____

Response Type: Video / Voice / Photo

Relationship to nuaxia Member: Colleague / Patient / Physician / Other: _____

I hereby give express consent for the nuaxia Member (listed above) to provide a recorded Media response (as specified) including an identifiable image of me.

SIGNATURE: _____

Date (dd/mm/yyyy): _____ / _____ / _____

Please sign this form and email a scanned copy or photograph to help@nuaxia.com, prior to submitting the relevant Media response.