

## Author statement for Phlebology

This form should accompany all submitted manuscripts and should be signed by all authors. Please print out and scan a completed copy of this statement and upload it with your manuscript as a supplementary file at <http://mc.manuscriptcentral.com/phleb>, or post it to the address below.

**Title:** .....

.....

I/we are willing that my/our name(s) appear as author(s) of the above paper.

I/we declare that the manuscript has been read and approved by all authors and that the requirements for authorship defined in the 'Uniform requirements for manuscripts' have been met.

I/we confirm that the work presented in this paper has not been published or is not currently under consideration for publication elsewhere and that any parts of it which have been presented for a University or other thesis are so acknowledged.

I/we confirm that all reasonable steps have been taken to ensure that no patient referred to in my/our paper can be identified from its contents, and that where appropriate, consent has been secured from patients to use clinical details relating to them for the purposes of this publication.

I/we confirm that Ethics Committee approval was obtained where necessary.

I/we confirm that, should my/our manuscript be found acceptable for publication, corrected proofs returned by the corresponding author will have been approved by all co-authors.

### Correspondent Name, Address, Phone, Fax and Email:

.....

.....

### Signatures (please print name):

.....

.....

.....

**Editor-in-Chief** Alun Davies, Charing Cross Hospital, 4th Floor, Vascular Surgery, Fulham Palace Road, London W6 8RF, UK. Tel: +44 (0)20 8846 7320; Fax: +44 (0)20 8846 7362; Email: [a.h.davies@ic.ac.uk](mailto:a.h.davies@ic.ac.uk); Journal website: [www.rsmpress.co.uk/phleb.htm](http://www.rsmpress.co.uk/phleb.htm)