

Authors' form

Thank you for your submission. Before we can make a decision for a possible publication, all authors must sign this statement. (Each author should complete and sign both sections of this form.)

Title of manuscript:

Corresponding author:

Authorship:

By signing below I certify that I have participated sufficiently (1) in the conception and design, or acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. In addition I confirm that neither this manuscript, nor any other with substantially similar content by one or more of the same authors, has been published, accepted or is currently being assessed by another journal with a view to publication.

First name(s)

Surname(s)

Signature

Date

Conflict of interest :

Authors must disclose *outside financial support* or other financial relationships (both personal and institutional) that could be viewed as presenting a potential conflict of interest. A conflict of interest statement is published with each paper.

- I certify that there is no actual or potential conflict of interest in relation to this article.
- or
- My conflict of interest statement to be included in the published manuscript is as follows:

Name

Signature

Date

Please return all copies directly to:

SANP Editorial Office, EMH Swiss Medical Publishers Ltd., P.O. Box 832, Farnsburgerstrasse 8, CH-4132 MuttENZ, Switzerland; Fax +41 61 467 85 56