archives of HELLENIC MEDICINE



SUBMISSION FORM

Type of manuscript (tick only one).
[] Original paper [] Review [] Brief review [] Short communication
[] Special article [] Letter to the Editor [] Other
Title:
Corresponding author:
•
Address:
Phone no: FAX:
E-mail:
Checklist (failure to complete will delay processing of the manuscript)
[] Title of paper [] Authors' names [] Name(s) of institute(s) [] Structured abstract [] Five key words [] All authors' names (up to 6) in cited references [] The last page number of references [] Three complete copies of the manuscripr

Statement

I confirm that:

- 1. All authors of the manuscript approve the content and the submission of the manuscript in the *Archives of Hellenic Medicine*.
- 2. Neither the manuscript submitted nor any part of it has been published or is being considered for publication elsewhere in any language or any form.
- 3. The results of the submitted manuscript have/have not been published/presented as preliminary report(s) [underline appropriately and send reprints]

The corresponding author

(signature)