

# Hematology

## in Clinical Practice

### AUTHOR STATEMENT

Title of the article: .....

.....

Author(s): .....

.....

Name of author responsible for correspondence with the Publisher: .....

.....

Address: .....

.....

Phone: ..... Fax: .....

e-mail:.....

The Author(s) hereby confirm(s) that:

The above-mentioned work has not previously been published and that it has not been submitted to the Publishers of any other journal (with the exception of abstracts not exceeding 400 words);

All co-authors named and the relevant authorities of the scientific institutions at which the work has been carried out are familiar with the contents of this work and have agreed to its publication;

In sending the manuscript together with illustrations and tables agree(s) to automatic and free transfer of copyright to the Publisher allowing for the publication and distribution of the material submitted in all available forms and fields of exploitation, without limits of territory of language, provided that the material is accepted for publication. At the same time the Author(s) accept(s) that the submitted work will not be published elsewhere and in whatever language without the earlier written permission of the copyright holder, i.e. the Publisher;

(S)he (they) empower(s) the Publisher to make any necessary editorial changes to the submitted manuscript;

The manuscript has been prepared in accordance with the Publisher's requirements;

(S)he (they) is (are) familiar with the regulations governing the acceptance of works as published in Hematology in Clinical Practice and agree(s) to follow them.

.....  
Date

.....  
Signature of Author who obtained  
the consent of the co-authors (if any)