

Please send or fax the completed form to:

Dr. Sven Riestenpatt
Editorial Office
TRANSFUSION MEDICINE AND HEMOTHERAPY
S. Karger GmbH
Postfach
79095 Freiburg
Fax + 49 761 45 207 14



Confirmation/Agreement

Manuscript Title:

.....
.....
.....

Manuscript Number:

.....

With this form the authors confirm that the above-mentioned article has not been published either wholly or in part nor has it been submitted for publication anywhere else.

Furthermore the authors declare that they all have read the final version of the manuscript and agree to have the paper published in the present form.

The authors also agree that the publisher has the right to publish the text in either its present form or revised version for any possible use. This right extends also to associated companies. The publishing rights are worldwide rights and are not time limited. They include the right to publish the text in printed format as well as electronic online/offline media or databases of any kind.

..... Author 1, Name	..... Signature	..... Date
..... Author 2, Name	..... Signature	..... Date
..... Author 3, Name	..... Signature	..... Date
..... Author 4, Name	..... Signature	..... Date
..... Author 5, Name	..... Signature	..... Date
..... Author 6, Name	..... Signature	..... Date
..... Author 7, Name	..... Signature	..... Date
..... Author 8, Name	..... Signature	..... Date