

**ADDITIONAL DATA FOR INSTRUCTIONS FOR AUTHORS ON HOME PAGE**

All are in checklist for Authors

**1. Conflict of Interest Notification –**

Is there any conflict of interest regarding finding/support  
If yes, provide details

YES	NO
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.....

**2. Signed approval by all authors (max 6 authors)**

I acknowledge that I participated in this study and agree with the data as published  
Signatures (electronic)

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If not electronic, please fax to the Journal Office +2721-976-8129 or email elsabe@cvja.co.za

**3. No previous publications –**

(a) This data has not been published previously

(b) If some data / figures have been published previously, provide detail

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(c) Attach the permission to reproduce previously published material to this document

**4. Signed copyright transfer**

I hereby agree that the copyright to the published work (Title : .....  
.....) shall reside with the Cardiovascular Journal  
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**5. Institutional Review Committee Approval**

(i) This study was approved by your Institutional Review Committee  
(if applicable)

YES	NO
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(ii) Provide details of relevant Institutional Review Authority e.g. Wits Ethical  
Review

**6. Patient consent**

(i) Consent was obtained from patients for participation and the use of patient  
photographs

YES	NO
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(ii) The Journal to please ensure that the patient is not identifiable from the  
photograph

YES	NO
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