



CONDITIONS FOR PUBLICATION

Both pages of this form MUST be printed out, completed, signed by ALL authors, and returned to the *Journal* Office by mail or Fax before your manuscript can be accepted for publication.

Authors: _____

Manuscript title: _____

I AGREE TO THE CONDITIONS LISTED BELOW:

Scientific Responsibility Statement

I certify that I have participated sufficiently in the work to take responsibility for a meaningful share of the content of this manuscript.

Exclusive Publication Statement

I certify that none of the material in this manuscript has been published previously, and that none of this material is currently under consideration for publication elsewhere. This includes symposia, transactions, books, articles published by invitation, and preliminary publications of any kind except an abstract of 400 words or less.

If publication in the *Texas Heart Institute Journal* is not to be exclusive in one or more of these respects, explain the nature of the proposed exception, in order to permit evaluation by the editors:

Conflict of Interest

I certify that I have no commercial associations that might pose a conflict of interest in connection with this manuscript.

Copyright Transfer Agreement

In the event that the above-named manuscript is accepted for publication in the *Texas Heart Institute Journal*, copyright is hereby transferred to the Texas Heart Institute to the extent transferable under applicable law (federal government employees excepted*). All authors of this work reserve the following rights, with the provision that copies made in these circumstances will continue to carry the copyright notice that appeared in the published original: 1) the right to reuse all or part of this material in textbooks or clinical books that they have authored; 2) the right to make copies of the published work for educational use within their own institutions.

PERSON WHO IS TO APPROVE EDITED VERSION AND/OR READ PROOFS

Name: _____

Address: _____

Postal Code: _____

PERSON WHO IS TO RECEIVE REPRINT REQUESTS

Name: _____

Address: _____

Postal Code: _____

E-MAIL, PHONE, and FAX: _____ / _____ / _____

*Government employees whose work is within the public domain should complete this form, check the box provided below, and return the form unsigned; however, if any coauthor is not a government employee and therefore holds copyright, that author should sign the form.

All authors of this article (except for those who have signed this form) are government employees whose work falls within the public domain.

