**Anaesthesia, Pain & Intensive Care**

**MODEL SUBMISSION LETTER**

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Dear Editor,

Please find enclosed/attached the above paper which I/we submit for publication in Anaesthesia, Pain & Intensive Care.

I/we have followed the Instructions for Authors fully and hereby confirm that;

1. Written formal consent for the study (and not just for anaesthesia/surgery) was obtained from all participants. For Case Reports, I/we confirm that written informed consent for publication has been obtained from the patient(s) described (or the assent of the next of kin if the patient has died. NB: This requirement may be waived off by discussion with the editor in some cases.
2. The paper itself and the data upon which it is based have not been published or accepted for publishing elsewhere other than an abstract or as part of a thesis for a higher degree, and that the paper is not currently under consideration for publication by any other journal.
3. All authors have made a substantial contribution to the conduct of the study and/or preparation of the manuscript in keeping with the guidelines published by the International Committee of Medical Journal editors (Annals of Internal Medicine 1988;108:258-65). All authors have consented to be included in the list of authors, have read the submitted manuscript and have agreed that it should be submitted to APICARE. I/we confirm that nobody deserving authorship has been omitted.
4. The clinical trial on which this study is based has been registered with\_\_\_\_\_\_\_\_\_\_\_
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6. Potential personal / financial / academic interests relating to this publication of the data are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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	3. Patients consent (or patient’s parent/guardian consent in case of a minor) duly signed to use the patient data or picture/s (if required) for academic purposes

**Authors Names, Contribution and Signatures: (Please type full qualifications, appointment/s, e-mail, cell phone, and institutional addresses)**

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*(Please add if there are more than the listed authors)*

**Declaration by Head of Institution / Department**

I certify that the contents declared above are correct to the best of my knowledge,

Yours sincerely,

S**ignatures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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