Charles University

PRAGUE MEDICAL REPORT (Sborník lékařský)

Kateřinská 32, 121 08 Prague 2, Czech Republic

Phone: +420 224 964 570 Fax : +420 224 964 574

e-mail: medical.report@lf1.cuni.cz

Authors Declaration

Authors declare that they are fully responsible for the entire content, additional versions and the final published version of their manuscript entitled:

No part of the submitted work was published previously nor is under consideration in another publisher.

.....

Signature

Name and date

This form has to be printed, filled, signed by first or corresponding author and faxed to +420 224 964 574. Failure to return this completed form will prevent publication of the article.