

COMMITTEE FOR PRACTICE GUIDELINES (CPG)

NATIONAL CARDIAC SOCIETY ENDORSEMENT FORM

As an Official Representative of our National Society of Cardiology, I hereby approve in the name of this Society, the endorsement of the **2014 ESC/EACTS Guidelines on:**

Myocardial Revascularization

Name of the National Society:			
Address:			_
Contact Name:			
Telephone:		Email:	
FULL TEXT			
► Do you wish to publish the Full [no reprints of the English vers		ocument in its original English version ? The NS or their publisher(s)] ¹	
	☐ Yes	□ No	
Do you wish to translate and p [reprints of this translation ma		of this ESC document into your national language ? <i>via their publisher(s)</i>] ¹	
	□ Yes	□ No	
► If yes:			
By which date:			
In which Journal:			
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N.B.: Do not forget to send your tra approval before publication.	anslation and the ce	ertification letter from your National Society to the ESC fo	or
POCKET GUIDELINES			
► If your National Society wishes Guidelines on the subject¹, p		publish with the ESC the translation of the ESC Pocket	
By which date:			_
Email contact for person coordinating translation:			_
Signature:		Date:	_

Please return this form duly filled out and signed to **Veronica Dean** by post at ESC, 2035 Route des Colles, Les Templiers, B.P. 179, 06903 Sophia-Antipolis Cedex, France, fax at +33 (0) 4 92 94 86 20 or email at <u>guidelines@escardio.org</u> before <u>31 October 2014.</u> If beyond this date, no reply has been received the ESC may take the decision to do the translations themselves.

¹ Please refer to THE RULES FOR TRANSLATION OF ESC GUIDELINES, POCKET GUIDELINES AND GUIDELINES SLIDE-SETS BY ESC NATIONAL SOCIETIES for the procedures to follow: