

## Letter of Consent

To,
National Library of Medicine
Building 38A - Room 4N-419
8600 Rockville Pike
Bethesda, MD U.S.A. 20894

I hereby express my great interest in continued service in Journal of Vascular Medicine & Surgery as an Editor and Author and Reviewer. I further give my consent to disclose by the Journal my affiliation and contact information. I do not have any conflict of interest, which would interfere with this important service for science, medicine, and technology communities.

I strongly recommend this journal to be indexed in PubMed Central. Journal staff and editorial board members have worked very hard for the journal to establish its high professional standing.

Dr. Suowen Xu

Electronic/ Normal Signature

Suowen Xu, National Institutes of Health

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Name and Affiliation