

Library Recommendation Form

Request from:

Name: _____ Position: _____

Department: _____ Telephone/Email: _____

Librarian's Details:

Librarian Name: _____ Librarian's Email: _____

Dear Librarian,

I would like to recommend that the library purchases a subscription to the journal(s) below:

- | | |
|---|---|
| <input type="checkbox"/> Acta Radiologica | <input type="checkbox"/> Journal of the Royal Society of Medicine |
| <input type="checkbox"/> Acta Radiologica Short Reports | <input type="checkbox"/> Journal of Telemedicine and Telecare |
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| <input type="checkbox"/> International Journal of Care Pathways | <input type="checkbox"/> Scottish Medical Journal |
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| <input type="checkbox"/> Journal of Medical Biography | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Journal of Medical Screening | <input type="checkbox"/> Vascular |

I am recommending this for/because:

- This journal is an essential resource for my department
- I will recommend its use to my students
- I have published/intend to publish articles within this journal and therefore support it
- I am on the Editorial Board, and strongly support this journal

Other: _____

Further Comments: _____

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