

### Author statements

Please insert the relevant text under the subheadings below. A completed form must be signed by all authors. Please note that we cannot accept electronic signatures; all authors must sign by hand. Please complete multiple forms if necessary, and upload the signed copy with your submission, scan and submit as supplementary file.

**Manuscript title:** *comparison of HemoFoam<sup>®</sup> and conventional gauze dressing on hemostasis of vascular access site in hemodialysis patients*

**Corresponding author:** *Dr. Rouhollah Zarepur*

**Article type:**

**Does your manuscript have a reference number?** No  Yes  If yes, enter number here:

**Does your manuscript have a handling editor?** No  Yes  If yes, enter name here:

#### Authors' contributions

Please insert here the contribution each author made to the manuscript—e.g., literature search, figures, study design, data collection, data analysis, data interpretation, writing etc. If all authors contributed equally, please state this. The information provided here must match the contributors' statement in the manuscript.

*All authors contributed in this study almost equally.*

### Role of the funding source

Please disclose any funding sources and their role, if any, in the writing of the manuscript or the decision to submit it for publication. Examples of involvement include: data collection, analysis, or interpretation; trial design; patient recruitment; or any aspect pertinent to the study. Please also comment whether you have been paid to write this article by a pharmaceutical company or other agency. If you are the corresponding author, please indicate if you had full access to all the data in the study and had final responsibility for the decision to submit for publication. The information provided here must match the role of the funding source statement in the manuscript.

NO funding sources

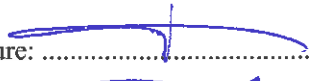
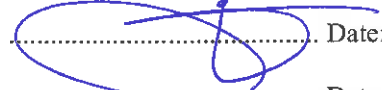
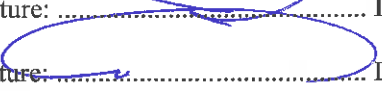

### Conflicts of interest

Please complete the ICMJE conflict of interest form, which is available at <http://www.gmj.ir>. Please ensure that a conflict of interest statement is included at the end of the manuscript, which matches what is declared on the ICMJE conflict of interest form.

Patient consent (if applicable) - completion of this section is mandatory for Case Reports, Clinical Pictures, and Adverse Drug Reactions. Please sign below to confirm that all necessary consents required by applicable law from any relevant patient, research participant, and/or other individual whose information is included in the article have been obtained in writing. The signed consent form(s) should be retained by the corresponding author and NOT sent to GMJ.

patient consent form was taken from all patients.  
conflicts of interest: not declared.

I agree with: the plan to submit to GMJ; the contents of the manuscript; to being listed as an author; and to the conflicts of interest statement as summarized. I have had access to all the data in the study (for original research articles) and accept responsibility for its validity.

Title and name: Davood Bizari	Highest degree: ph.D.	Signature: 	Date: .....
Title and name: Hadi Khoshnabat	Highest degree: M.D	Signature: 	Date: .....
Title and name: Soheila Salah Shour	Highest degree: ph.D	Signature: 	Date: .....
Title and name: Rouhollah Zarepur	Highest degree: M.D	Signature: 	Date: .....
Title and name:	Highest degree:	Signature: .....	Date: .....
Title and name:	Highest degree:	Signature: .....	Date: .....
Title and name:	Highest degree:	Signature: .....	Date: .....

### Corresponding author declaration

I Dr. Rouhollah Zarepur the corresponding author of this manuscript, certify that the contributors' and conflicts of interest statements included in this paper are correct and have been approved by all co-authors.