MEDICAL JOURNAL OF BAKIRKÖY

Authorship Statement, Copyright Agreement, Financial Disclosure and Acknowledgment Permission

The corresponding author must sign the section of acknowledgment statement. Each author must read and sign the last section.
This completed form must be uploaded to the online system at the time of manuscript submission.
This document may be photocopied for distribution to co-authors for signatures, as necessary.

Name and Surname: .....

Manuscript Number: .....

Manuscript Title: .....

Corresponding Author: .....

AUTHORSHIP CRITERIA

As an author of this manuscript, I certify that I have met the following criteria:

- I have participated sufficiently in the work to take public responsibility for the content.
- I have made substantial contributions to the conception and design, or acquisition of data, or analysis and interpretation of data.
- I have participated in drafting the article or revising it critically for important intellectual content.
- I have read and approved the final version of the manuscript.

COPYRIGHT, LICENSE AND OTHER RIGHTS

I affirm that this work represents original material, has not been previously published, and is not under consideration for publication elsewhere.

By signing this form, authors agree that the article, if accepted for publication by the **Medical Journal of Bakırköy,** will be licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) which allows third parties to share the material for copying and redistributing it in any medium or format under the terms of giving the appropriate credit to the original work, using only for non-commercial purposes and not distributing the modified version if you remixed, transform or build upon the material.

For further details of the license CC BY-NC-ND 4.0, please see https://creativecommons.org/ licenses/by-nc-nd/4.0/.

The copyright of the published article belongs to its author under CC BY-NC-ND 4.0 license.

The authors agree to transfer the commercial rights to the Dr. Sadi Konuk Training and Research Hospital, if the article is accepted for publication.

This form should *be filled out completely, including original signatures, scanned and submitted electronically together with your manuscript. If you are unable to upload the file, e-mail it as an attachment to* ***info@galenos.com.tr / yayin@galenos.com.tr*** *within three days of manuscript submission.*

DISCLOSURE

SOURCES OF DIRECT SUPPORT

☐ I have no sources of support to report for this work.

☐ I certify that all sources of financial and material support for this work are clearly identified both in the manuscript and on the lines below:

.....

.....

.....

CONFLICT OF INTEREST NOTIFICATION

☐ I and my spouse/partner have had no relevant financial interests or personal affiliation.

☐ I certify that I have disclosed below all direct or indirect affiliation or financial interests in connection with the content of this paper:

Financial or other interest

Name of Organization(s): .....
Name of Employee: .....
Consultant: .....
Grant/research Support: .....
Honoraria: .....
Speakers or Advisory Boards: .....
Foundation or Association: .....
Other Financial or Material Support: .....

ACKNOWLEDGMENT STATEMENT

As the corresponding author, I certify that:

- All persons who have made substantial contributions to the work reported in this manuscript (e.g., technical assistance, writing or editing assistance, data collection, analysis) but who do not full authorship criteria are

(1) Named in an Acknowledgment section

(2) Their pertinent professional or financial relationships have been disclosed in the Acknowledgment section.

- All persons named in the Acknowledgment section have provided me with written permission to be acknowledged.

Signature: ..... **Date:** ...../...../20.....

MEDICAL JOURNAL OF BAKIRKÖY

Authorship Statement, Copyright Agreement, Financial Disclosure and Acknowledgment Permission

The corresponding author must sign the section of acknowledgment statement. Each author must read and sign the last section.
This completed form must be uploaded to the online system at the time of manuscript submission.
This document may be photocopied for distribution to co authors for signatures, as necessary.

	AUTHOR'S NAME and SURNAME	SIGNATURE	DATE
1.	.....	.....	...../...../20.....
2.	.....	.....	...../...../20.....
3.	.....	.....	...../...../20.....
4.	.....	.....	...../...../20.....
5.	.....	.....	...../...../20.....
6.	.....	.....	...../...../20.....
7.	.....	.....	...../...../20.....
8.	.....	.....	...../...../20.....
9.	.....	.....	...../...../20.....
10.	.....	.....	...../...../20.....
11.	.....	.....	...../...../20.....
12.	.....	.....	...../...../20.....
13.	.....	.....	...../...../20.....

Author	Surgical and Medical Practices	Concept	Design	Data Collection or Processing	Analysis or Interpretation	Literature Search	Writing
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

☐ **Other (specify if any):** .....

☐ **Additional Comment to Editor (optional):** .....

This form should be filled out completely, including original signatures, scanned and submitted electronically together with your manuscript. If you are unable to upload the file, e-mail it as an attachment to ***info@galenos.com.tr / yayin@galenos.com.tr*** *within three days of manuscript submission.*