

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**

Copyright has been created and is therefore in the public domain. I affirm that this work represents original material, has not been previously published, and is not under consideration for publication elsewhere.

**COPYRIGHT ASSIGNMENT**

In consideration of action taken by the **Namik Kemal Medical Journal** in reviewing and editing this submission, I hereby transfer, assign or otherwise convey all copyright ownership, including the right to reproduce the article in all forms and media, to Galenos Publication.

I affirm that this work represents original material, has not been previously published, and is not under consideration for publication elsewhere, except as described in writing in an attachment to this form.

**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.....

*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](mailto:info@galenos.com.tr) / [yayin@galenos.com.tr](mailto:yayin@galenos.com.tr) within three days of manuscript submission.*

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](mailto:info@galenos.com.tr) / [yayin@galenos.com.tr](mailto:yayin@galenos.com.tr) within three days of manuscript submission.*