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 *Turkish Archives of Otorhinolaryngology* in reviewing and editing this submission, I hereby transfer, assign or otherwise convey copyright ownership, including the right to reproduce the article in all forms and media, to *Turkish Otolaryngology Head and Neck Surgery Society*.

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.

The authors remain these rights:

1. All property rights other than copyright, such as patient rights.
2. The right to use all or parts of this material in future works of their own with no charge.
3. To reproduce free copies for their own purposes.

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: ..................................................................................................................................

  Honoraria: ....................................................................................................................................

  Grant/research Support: ..............................................................................................................

  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................
Authorship Statement, Copyright Transfer, 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**

<table>
<thead>
<tr>
<th>Author</th>
<th>Surgical and Medical Practices</th>
<th>Concept</th>
<th>Design</th>
<th>Data Collection or Processing</th>
<th>Analysis or Interpretation</th>
<th>Literature Search</th>
<th>Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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.