

COPYRIGHT TRANSFER FORM & CONFLICT OF INTEREST STATEMENT

All authors of the manuscript titled:

.....
.....
.....

certify that they qualify for authorship because of substantial contribution to the work submitted. The authors undersigned declare that this manuscript has not been published nor is under simultaneous consideration for publication elsewhere. The authors agree to transfer the copyright to the **Boğaziçi Tıp Dergisi / Bosphorus Medical Journal** to be effective if and when the manuscript is accepted for publication and that the manuscript will not be published elsewhere in any other language without the consent of the **Boğaziçi Tıp Dergisi / Bosphorus Medical Journal**. The final form of the manuscript has been seen and approved by all authors.

Authors, Name, Surname	ORCID id	Date	Signature
1:.....
2:.....
3:.....
4:.....
5:.....
6:.....
7:.....
8:.....

Explanations:
.....

Correspondent author:

Name Surname: Telephone:
Address: Fax:
Date: E-mail:

CONFLICT OF INTEREST STATEMENT

I (we) certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

Corresponding Author (on behalf of all authors)	Date	Signature
.....

When there is conflict of interest, specify the company title and the relationship with the Author.

.....
.....
.....

Correspondence: Publisher: Kare Publishing

Address: Dumlupınar Mah. Yumurtacı Abdi Bey Cad, Cihan Sok. No 15, Concord Istanbul, B Blok Da 162, Kadıköy, Istanbul

Phone: 90 216 550 61 11 Fax: 90 216 550 61 12 e-mail: kare@karepb.com