



AUTHOR FORM

AUTHOR CONTRIBUTION

Journal of İstanbul Faculty of Medicine follows the Uniform Requirements recommended by the International Committee of Medical Journal Editors for authorship. Accordingly, **each author must meet all of the following criteria:**

1. Substantial contributions to the **conception or design** of the work; or the **acquisition, analysis, or interpretation of data** for the work; AND
2. **Drafting the work or revising it critically** for important intellectual content; AND
3. **Final approval** of the version to be published; AND
4. **Agreement to be accountable** for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Those who do not meet the above 4 criteria should be named in the Acknowledgements.

The terms set forth herein have been arranged in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE). For further details please see: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

TITLE OF THE MANUSCRIPT:

.....

NAME AND TITLE OF THE CORRESPONDING AUTHOR:

ADDRESS:

PHONE: E-MAIL:.....

Please indicate the specific contributions made by each author. The name of each author must appear at least once in each of the three categories (Category 1, Category 2, Category 3) below.

Author Contribution Categories	Name of the Author
Category 1	
Conception/Design of study	://////
Data Acquisition	://////
Data Analysis/Interpretation	://////
Category 2	
Drafting Manuscript	://////
Critical Revision of Manuscript	://////
Category 3	
Final Approval and Accountability	://////
Other	
Technical or Material Support	://////
Supervision	://////

CONFLICT OF INTEREST, EXTERNAL FINANCING

As the corresponding author please ensure that all the contributing authors completed the ICMJE conflict of interest form which is available at <http://www.icmje.org/conflicts-of-interest/> and review the forms. In case of a conflict of interest, please indicate it in below. If there is no conflict of interest, please indicate and confirm in below that the authors declared no conflict of interest.

.....
External financing? If yes, please indicate the financial source:

ACKNOWLEDGEMENT

If any, please indicate the names and/or explanation for Acknowledgement :

PATIENT INFORMED CONSENT, APPROVAL OF ETHICS COMMITTEE

Was written informed consent obtained and indicated in the manuscript? Has the consent form been uploaded to the system?.....
Was approval of ethics committee obtained and indicated in the method section?.....

PROOFREADING CERTIFICATE

Was the article proofread and proofreading certificate uploaded to the system?.....

THESIS INFORMATION

If your work was produced from a thesis, please write the thesis name and the name of your advisor:

I confirm that all the authors have substantial contribution to the manuscript, approve the final version and agree to submit the manuscript to Journal of İstanbul Faculty of Medicine.

CORRESPONDING AUTHOR.....

SIGNATURE DATE