

# **Submission Form**

Date: / /
To the Editorial Board of The Journal of Turkish Family Physician,
The manuscript entitled as "
The author/s of the manuscript declare that the article is original, has not been published previously in Turkish or in another language or not under consideration for publication by another journal; that does not contain any complete or partial quotation from another publication, that the text, tables, figures and any other materials do not infringe upon the copyright or other rights of any person or legal entity; and does not contain any harmful and/or unlawful statement/s.
The author/s take scientific and ethic responsibilities for the article and declare that all authors have contributed significantly, read and approved the content of the manuscript.
We kindly request our manuscript to be evaluated for publication.
Best Regards
Name/surname of the correspondant author:
Address:
Phone:
E-mail:

**Submission Form** 



## Author/s

Name-Surname / Title / Institution / Email/phone number	ORCID	Contribution*	Signature

<sup>\*</sup> Contribution Subjects: Concept, Design, Supervision, Data collection and/or processing, Analysis and/or interpretation, Literature search, Writing, References, Critical review

### **Submission Form**



# **Conflict of Interest Form**

Date: / /
To the Editorial Board of The Journal of Turkish Family Physician,
The author/s of the manuscript entitled "
agree that, to protect the credibility of the Journal and the scientific reliability of the published articles, to assure an objective and transparent evaluation and publishing process any conflict of interest or any relationsip that can be considered as conflict of interest, between authors, reviewers or other third parties directly related to the planning, realization, writing, evaluation, editing and publication of scientific studies must be disclaimed.
"Relationship" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript.
We ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
Name all entities with whom you have this relationship. Specifications/Comments (e.g., if payments were made to you or to your institution)

**Conflict of Interest Form** 



#### Author/s

Name / Surname	No conflict of interest	Conflict of interest explanation*	İmza

<sup>\*</sup> In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

This form has been adapted from International Committee Medical Journal Editors (ICMJE)'s conflict of interest form. (https://www.icmje.org/disclosure-of-interest)

#### **Conflict of Interest Form**



## **Conflict of Interest Form**

- 1. All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.
  - 2. Grants or contracts from any entity (if not indicated in item #1 above).
  - 3. Royalties or licenses
  - 4. Consulting fees
- 5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events
  - 6. Payment for expert testimony
  - 7. Support for attending meetings and/or travel
  - 8. Patents planned, issued or pending
  - 9. Participation on a Data Safety Monitoring Board or Advisory Board
- 10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
  - 11. Stock or stock options
  - 12. Receipt of equipment, materials, drugs, medical writing, gifts or other services
  - 13. Other financial or non-financial interests

### **Conflict of Interest Form**



# **Copyright Agreement Form**

Date: / /
To the Editorial Board of the Journal of Turkish Family Physician,
The manuscript entitled as "
Journal of Turkish Family Physician.
The authors agree that the articles published in The Journal of Turkish Family Physician are licensed under the "Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0)" which gives permission to the authors to share, copy and redistribute the material in any medium or format with other than commercial purposes, as well as remix, transform and build upon the material, providing appropriate credit to the original work ( <a href="https://creativecommons.org/licenses/by-nc/4.0">https://creativecommons.org/licenses/by-nc/4.0</a> ) and that they grant the Publisher non-exclusive commercial right to publish the work.
Best Regards
Name/surname of the correspondant author: Address:
Phone:
E-mail:

**Copyright Agreement Form** 



The suither of Alexan Course area		
The author/s Name-Surname	Signature	

**Copyright Agreement Form**