

CONFLICT OF INTEREST STATEMENT

1. During this study, whether there are any moral and/or material support that may negatively impact the decision making process of the study during the evaluation phase of it from any pharmaceutical company, a company or business company providing and/or manufacturing medical devices, equipment and materials that directly relevant to the subject of this study.
2. Concerning this study whether there are any situations for its authors' and/or family members' potential conflict of interest like scientific and medical committee membership or a relationship with the members, supervision, expertise, working in a firm, shareholding, etc.
3. In the preparation of this study collection of the data, interpretation of the results and whether there are any conflict of interest areas in the writing stages of the article should be clearly stated, also the form should be signed by all the authors.

TITLE OF THE STUDY:

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By signing this form, the authors,

- Approve that they do not derive any personal benefits (financial, etc.) from this study.
- Approve that they have the self-interests in this study on written and/or discussed matters mentioned below (the interests should be written by giving the name of the author)

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Name, Surname	Date	Signature
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