# AUTHORSHIP STATEMENT FORM - please read carefully!

|  |  |
| --- | --- |
| Title: | MS ID |
| Name of the co(author)*:* | Byline position: |

After receiving your manuscript for consideration to publish in the Southeastern European Medical Journal (SEEMEDJ), we kindly ask you to fill out and sign this form.

## Each coauthor should sign a separate copy.

The signature will evidence the mutual understanding between the SEEMEDJ and the undersigned author on the rights and responsibilities of both parties in the process of the manuscript evaluation and its possible publication in the SEEMEDJ.

## 1. Authorship and contributions to authorship

An "author" is considered to be someone who has made substantive intellectual contributions to the submitted work. The SEEMEDJ requests the authors of submitted manuscripts to to describe their contribution to the research described in the manuscript by answering the following question:

***Why do you think you should be the author on this manuscript?***

***If you have contributed directly to the intellectual content of this paper and have agreed to have your name listed as an author on the submitted version of the manuscript, please sign below.***

**Author’s signature**

**Date (M/d/yyyy):**

The SEEMEDJ also wants authors to make sure that all authors included on the manuscript fulfill the criteria of authorship, as well as that there is no one else who should be the author of the submitted manuscript but has not been included as an author. If you think someone has been omitted from or that someone should not be on the manuscript by-line, please fill out the form below.

|  |  |  |
| --- | --- | --- |
| ***In your opinion, are there researchers who deserve authorship but ARE NOT INCLUDED in the by-line*** | Yes | No |

If **YES**, they are (optional):

|  |  |
| --- | --- |
| Name | Contact e-mail address |

If you have contributed directly to the intellectual content of this paper and have agreed to have your name listed as an author on the submitted version of the manuscript, please choose one of the five numbers to the right of each contribution code which corresponds best to the type and amount of work your have done in the production of the report. Any contribution not described by the contribution codes should be indicated in the space for "Other contributions" and marked accordingly.

# YOU SHOULD CIRCLE A NUMBER FOR EACH CONTRIBUTION!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contribution Codes:** | **My participation in the contribution was (circle the best description of your participation):** | | | | |
| **NONE** | **SMALL** | **MODERAT E** | **LARGE** | **FULL** |
| (0) | (1) | (2) | (3) | (4) |
| Acquisition of data | 0 | 1 | 2 | 3 | 4 |
| Administrative, technical, or logistic support | 0 | 1 | 2 | 3 | 4 |
| Analysis and interpretation of the data | 0 | 1 | 2 | 3 | 4 |
| Conception and design | 0 | 1 | 2 | 3 | 4 |
| Critical revision of the article for important intellectual content | 0 | 1 | 2 | 3 | 4 |
| Drafting of the article | 0 | 1 | 2 | 3 | 4 |
| Final approval of the article | 0 | 1 | 2 | 3 | 4 |
| Guarantor of the study | 0 | 1 | 2 | 3 | 4 |
| Obtaining funding | 0 | 1 | 2 | 3 | 4 |
| Provision of study materials or patients | 0 | 1 | 2 | 3 | 4 |
| Statistical expertise (statistical analysis of data) | 0 | 1 | 2 | 3 | 4 |
| Other (specify): | 0 | 1 | 2 | 3 | 4 |

## 2. Statistical analysis of your data

Does your manuscript contain numerical data and their statistical analysis?  yes  no If you circled yes please answer the following questions:

|  |  |
| --- | --- |
| Did the person with statistical training or experience participated in any way in the research or manuscript preparation:   * no * yes, a person with the biostatistics/statistics/mathematics degree * yes, a person with a degree from other field who attended biostatistics/statistics course not included as obligatory course in his or her degree program * yes, a person with a degree from other field who attended biostatistics/statistics course as obligatory course in his or her degree program | A person with statistical training or experience was involved (check all that apply):   * planning and design of the study * planning and designing of the data acquisition form * data acquisition process * analysis of the data * statistical calculations * presentation of results * interpretation of results * drafting of the article * critical revision of the article for important intellectual content * final approval of the article * in other tasks (specify):   A person with statistical training or experience is named as the coauthor of the submitted manuscript:  yes  no |

## 3. Copyright transfer

The listed authors warrant that they are the authors and sole owners of the submitted manuscript. The authors also warrant that the work is original; that it has not been previously published in print or electronic format and is not under consideration by another publisher or electronic medium; that it has not been previously transferred, assigned, or otherwise encumbered; and that the authors have full power to grant such rights. With respect to the results of this work, the manuscript of this or substantially similar content will not be submitted to any other journal until the review process in the SEEMEDJ has been officially completed (acceptance or rejection of the manuscript).

The paper will not be withdrawn from the review process by the SEEMEDJ Editorial Board until the review process is completed. The authors will comply with the requests of the SEEMEDJ Editor and reviewers to improve the paper for publication. The unavoidable disagreements will be submitted in a written form; the authors are aware that the disagreement(s) with the SEEMEDJ's requests may result in the rejection of the manuscript. The authors hereby grant to the SEEMEDJ the right to edit, revise, abridge, or condense the manuscript.

If the manuscript is accepted for publication in the SEEMEDJ, the authors hereby transfer the copyright of the paper to the SEEMEDJ. The authors permit the SEEMEDJ to allow third parties to copy any part of the journal without asking for permission, provided that the reference to the source is given.

For papers with more than one author: I agree to allow the corresponding author to make decisions regarding prepublication release of the information in the paper to the media, federal agencies, or both.

## Author’s signature Date:

**4. Financial disclosure**

Please check the appropriate boxes below:

* I certify that all financial and material support for this research and work are clearly identified in the manuscript
* I certify that all my affiliations with or financial involvement (e.g. employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, royalties) with any organization or entity with a financial interest in or financial conflict with the subject or materials discussed in the manuscript are disclosed completely here:
* I have no relevant financial interests in this manuscript.

## Author’s signature Date:

**4. Acknowledgment statement**

The corresponding author must sign the following statement:

All persons who have made substantial contributions to the preparation of the manuscript, but who are not authors, are named in the Acknowledgment section. No contributor has been omitted.

## Corresponding author’s signature: Date:

**5. AI acknowledgment statement**

Please check the appropriate boxes below:

* I certify that I have not used AI tools in the preparation of this manuscript.
* I have used AI tools in the preparation of this manuscript (if so, fill out the following sentence).

AI tools (the name and the version of the tool)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

were used for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify which parts of the paper were prepared with AI assistance).

## Author’s signature: Date:

**Author information:**

Institution and address:

Phone number:

Fax number:

E-mail address:

**Please sign, scan and return to: seemedj@mefos.hr**

Faculty of Medicine, University of Osijek, Huttlerova 4, HR-31000 Osijek, Croatia