

MEDICINE JOURNAL

AUTHOR STATEMENT

Title of the article:	
Auth	or (Authors):
Personal data of the Author responsible for correspondence with the Editorial Office Full name:	
Addr	2SS:
	Fax:
e-ma	l:
The A	author (Authors) hereby confirms (confirm) that:
	the abovementioned submission has not been previously published, nor has been submitted to another journal for consideration (excluding abstracts and conference materials);
	all the listed co-authors (if any), after becoming familiar with the content of the submission, accepted it
and a	gree for the publication;
	submitting the manuscript together with figures and tables, the Author (Authors) transfers (transfer) automatically and free of charge to the Publisher of "Disaster and Emergency Medicine Journal" the copyright for publishing and distributing the submitted materials in all existing forms and areas, without territorial and language limitations, provided that the materials will be accepted for publication;
	at the same time, the Author (Authors) declares (declare) that the paper will not be published by him (them) elsewhere and in any other language without prior consent of the copyright holder; the Author (Authors) empowers (empower) the Editors to make any necessary editorial changes to the submitted manuscript;
	he (they) is (are) familiar with the regulations of submitting manuscripts to "Disaster and Emergency Medicine Journal" and commits oneself (oneselves) to obey it;
	the manuscript has been prepared in accordance with the Editorial Office requirements;
	all sources of funding of the work have been fully disclosed;
	he declares (declare) the conflict of interest – if yes, what kind of conflict.
Conf	ict of interest description:
•••••	Date The signature of the author
	Date The signature of the author approved by co-authors (if needed)