

Manuscript submission for publication to:
Annals of Stomatology

AUTHOR DECLARATION FORM

A completed form must be signed by all authors. Please complete multiple forms if necessary and upload the signed copy with your submission).

(Title of Manuscript)

- We confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.
- The author(s) received no financial support for the research, authorship, and/or publication of this article (if the research was funded please include this information under a separate heading entitled 'Funding' directly after any acknowledgements prior to your references.
- We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us.
- We confirm that we have given due consideration to the protection of intellectual property associated with this work and that there are no impediments to publication, including the timing of publication, with respect to intellectual property. In so doing we confirm that we have followed the regulations of our institutions concerning intellectual property.
- We further confirm that any aspect of the work covered in this manuscript that has involved either experimental animals or human patients has been conducted with the ethical approval of all relevant bodies and that such approvals are acknowledged within the manuscript.
- We understand that the Corresponding Author is the sole contact for the Editorial process (including Editorial Manager and direct communications with the office). He/she is responsible for communicating with the other authors about progress, submissions of revisions and final approval of proofs. We confirm that we have provided a current, correct email address which is accessible by the Corresponding Author and which has been configured to accept email from stomatology@lab-publishers.com

Author name	@ e-mail address

The corresponding author(s) should be identified by an asterisk *

TRANSFER OF PUBLISHING AND DISTRIBUTION RIGHTS

For open access publishing this journal uses an exclusive licensing agreement. Authors will retain copyright alongside scholarly usage rights and Biolife will be granted publishing and distribution rights.

As the corresponding author of the manuscript you are responsible for making or arranging the payment (for instance, via your institution) upon editorial acceptance of the manuscript.

Title of the Manuscript

.....

.....

Annals of Stomatology

- (a) All proprietary rights other than copyright, such as patent rights.**
- (b) The right to use all or part of this article in future works of their own.**

Signed by all authors as follows (add more rows as needed):

Author Name	Signature	Date

