First name and last name of the author responsible for correspondence with the Editorial Board:

Address: 

Phone:...... Fax:...... E-mail:......

Hereby undersigned authors submit the paper entitled

for publication in the “Pediatria i Medycyna Rodzinna” confirm that:
1. The paper has not been published before (except abstracts of congress presentations) and has not been submitted for publication in any other journal.
2. The paper does not violate copyrights of any other person(s).
3. All co-authors listed below are familiar with contents of the paper and accept its publication in the “Pediatria i Medycyna Rodzinna”.

We kindly ask to define the contribution of each co-author in preparation of the paper, by choosing from the list below:

1. Original concept of study
2. Writing of manuscript
3. Analysis and interpretation of data
4. Final acceptance of manuscript
5. Collection, recording and/or compilation of data
6. Critical review of manuscript
7. Other (please specify): ………………………………………………………………………………….

<table>
<thead>
<tr>
<th>Name of author</th>
<th>Contribution in preparation of paper</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby confirm lack of conflict of interest ☐ / I report possible conflict of interest consisting in:

Conflict of interest may arise when at least one of co-authors has a liaison (e.g. financial) with institution(s) (by investment, employment, counseling, etc.) which may affect his/her independence and objectivism of judgment. In the case of papers evaluating products partly or entirely sponsored by commercial companies, the authors are obliged to disclose this fact in this Cover letter.

Place and date

Corresponding author’s signature