**DECLARATION**

 **OF NO CONFLICT OF INTERESTS**

The undersigned …………………………………………………......…………………….……

…………………………………………………………………………………………………...

*(title, full legal name*)

…………………………………………………………………………………………………...

*(university or scientific institution / faculty / department*)

…………………………………………………………………………………………….……

*(country)*

hereby declare that there is no conflict of interests concerning the manuscript, reviewed by me, titled:

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I am aware of the liability for declared false facts pursuant to the Conflict of Interest Prevention and Ascertainment Act.

Date: …………………….. Signature: ……………………