

Conflict of Interest

The purpose of this form is to provide readers of your paper with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form has six parts.

Section 1: Identifying Information

1. Your First Name: Middle Name: Family Name:
Kerem Middle Name: CANLI
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author
3. Manuscript Title:
Determination of Chemical Composition and Antimicrobial Activity of *Frankenia hirsuta*
4. Manuscript ID:
33652

Section 2: The work under consideration for publication

Your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. You should report relationships that were present during the 36 months prior to publication.

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Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

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Section 6: [Disclosure Statement](#)

The authors declare that there is no conflict of interests regarding the publication of this paper.

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