

Journal of Biomedicine and Translational Research (JBTR)

ISSN: 2503-2178

**CONFLICT OF INTEREST DECLARATION AND
COPYRIGHT TRANSFER AGREEMENT FORM**

Journal of Biomedicine and Translational Research (JBTR) requires a formal written conflict of interest declaration and transfer of copyright from the author(s) for each article published. We therefore ask you to complete and return this form along with the final paper layout that should be corrected by Author(s) within 2x24 hours. Your cooperation is essential and appreciated. Any delay will result in a delay in publication.

Title of the Manuscript

Focal dermal hypoplasia (Goltz syndrome) in a 4 year old girl : a rare case report

Name of All Author(s):

Rabi'atul Adawiyah, Sandi Nugraha, Pridania Vidya

Corresponding Author:

Please tick one of the following boxes:

- ☒ We have no conflict of interest to declare.
- ☐ We have a competing interest to declare (please fill in box below):

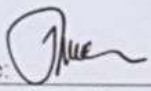
(<http://ejournal2.undip.ac.id/index.php/jbtr>)

1. I/We submit to the Journal of Biomedicine and Translational Research for the above manuscript. I/We certify that the work reported here has not been published before and contains no materials the publication of which would violate any copyright or other personal or proprietary right of any person or entity.

2. I/We hereby agree to transfer to Faculty of Medicine, Diponegoro University the copyright of the above - named manuscript. I/We reserve the following: (1) All proprietary rights other than copyright such as patent rights. (2) The right to use all or part of this article in future works of our own such as in books and lectures.

Author(s) (filled in and signed by each author)
(Write name and Title of Author)

1.

Signature: 
Name: Rabi'atul Adawiyah
Date: May, 19th 2026

2.

Signature: 
Name: Sandi Nugraha
Date: May, 19th 2026

3.

Signature: 
Name: Pridania Vidya
Date: May, 19th 2026

4.

Signature: _____
Name: _____
Date: _____

5.

Signature: _____
Name: _____
Date: _____

6.

Signature: _____
Name: _____
Date: _____

☐ Please check this box if you are submitting this on behalf of all authors.