**NZMSJ Manuscript Cover Sheet**

Please complete this cover sheet and submit as a supporting file at the time of manuscript submission.

Where more than one author exists, this form is to be completed by the primary author, but signed by all.

|  |  |
| --- | --- |
| Article Submission Type  (*Please circle*) | Original Research, Academic Review, Features article, Case Report, Book Reviews, Letters, Others (state): |
| Title |  |
| Author’s Name |  |
| Highest Degree (if applicable) |  |
| Current course of study |  |
| Institution |  |
| Name of Supervisor |  |
| Supervising Department |  |
| Corresponding Author’s Contact Details | Name: |
| Postal Address: |
| Email: |
| Telephone: |
| Conflicts of Interest |  |
| Sources of Support (i.e. grants/funding) |  |
| Word Count (excluding references and abstract) |  |

**Patient Consent (if submitting Case Report)**

* Has individual patient consent been obtained? (*please circle*) Yes/No
* If consent has been obtained, has this been indicated in the manuscript? (*please circle*) Yes/No

**Ethical Approval**

* Was ethical approval obtained for this study? Yes/No/NA
* If Yes, which committee granted the approval? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

This manuscript reflects my own work, and I have obtained the permission of my supervisor to submit to the NZMSJ. I have prepared this manuscript in accordance with the NZMSJ’s Submission Guidelines. This manuscript is not being considered for publication in another journal, and I will not submit it to another journal until informed of the outcome of this submission to the NZMSJ.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Author name |  | Signature |  | Date |  |
| Author name |  | Signature |  | Date |  |
| Author name |  | Signature |  | Date |  |
| Supervisor name |  | Signature |  | Date |  |