AUTHOR’S RESPONSIBILITY, PUBLICATION AUTHORIZATION AND COPYRIGHT TRANSFER

All authors are required to read and sign the following statements.

1. Identifying information

Manuscript title: ________________________________________________________________
____________________________________________________________________________
Manuscript number: __________________________
Corresponding authors name: ______________________________________________________

2. Copyright transfer

The undersigned authors transfer all copyright ownership of the manuscript to Revista Brasileira de Terapia Intensiva. They declare that all information presented in the above manuscript is original, has not been published in whole or in part elsewhere except in a abstract form.

3. Ethical statement

The authors take full responsibility y of the manuscript contend. All data was obtained following the scientific ethical standards and in accordance with the responsible committee on human experimentation (institutional and national, if applicable) and with the Helsinki Declaration of 1975, as revised in 2000. The work does not infringe upon the statutory or common law copyright or any trademark registrations.Previously published figures, tables or illustrations are accompanied by written permission from the publishers to reproduce or appropriately referenced.
4. Authorship and authorization for publication

All authors declare that they read the manuscript and attested to the validity and legitimacy of the data and its interpretation and that they fulfill the authorship criteria of Revista Brasileira de Terapia Intensiva. The authors also declare that all conflict of interest regarding the topic of this manuscript were described in its first page.

The authors declare that they read the final version and approved its layout, thereby authorizing its publication in this final version.

Please return one copy of this form, signed by all authors.

Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________
Name: ______________________________ Date: ______________