**Author Information and Declaration Form**

**International Research Symposium**

**Faculty of Allied Health Sciences**, **University of Ruhuna, Sri Lanka (iRuFARS - 2024)**

**Author Information Form**

1. **Title of the abstract:**

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

1. **Theme of the abstract (please select one of the below themes. If not please specify your theme):**
2. **Nursing and Midwifery**

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| Clinical Nursing |  | Maternity Health |  |
| Nursing Education |  | Child Health |  |
| Nursing Management |  | Nutrition in Nursing |  |
| Mental Health |  |  |  |

1. **Public Health & Health Promotions**

|  |  |
| --- | --- |
| Family Health |  |
| Community Health |  |
| Health Promotion |  |

1. **Medical Laboratory Science**

|  |  |
| --- | --- |
| Clinical Biochemistry |  |
| Haematology |  |
| Histopathology |  |
| Microbiology |  |
| Parasitology |  |
| Andrology |  |

1. **Pharmacy and Pharmaceutical Sciences**

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| --- | --- | --- | --- |
| Clinical Pharmacy |  | Pharmaceutical Microbiology |  |
| Community Pharmacy |  | Pharmacognosy / Natural Products Chemistry |  |
| Hospital Pharmacy |  | Pharmaceutical Analysis |  |
| Medicinal Chemistry |  | Pharmaceutical Biotechnology |  |
| Pharmacology |  | Pharmaceutical Quality Control |  |
| Pharmacotherapeutics |  | Regulatory Pharmacy |  |

1. **Any other related disciplines in Health Sciences**

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**3.2 Co-authors (*use additional paper if the provided space is not sufficient*)**

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*I/We declare that the above abstract arises from the original research carried out by me/us and the same is not already published/submitted to any other symposium.*

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* Names provided here will be included in the certificate.

**Conflict of interests:**

|  |  |
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| Yes | No |

**Ethical Approval\*:**

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