**[](https://iqjmc.uobaghdad.edu.iq/index.php/19JFacMedBaghdad36/index)*Journal of the Faculty of Medicine Baghdad***

**Article Withdrawal Request Form**

**Manuscript Title: ..................................................................................................................................**

**.................................................................................................................................................................**

**Article ID: .....................**

**Article Type: (Research Paper/ Review Paper)..............................................................................**

|  |  |  |
| --- | --- | --- |
| **Corresponding Author Name:** | | |
| **Affiliation** | **Email** | **Contact Number** |
|  |  |  |

**Reason for Withdrawal:**

**........................................................................................................................................................**

**............................................................................................................................................................**

**…………………………………………………………………………............................................**

**This form should be signed by all authors**

|  |  |  |
| --- | --- | --- |
|  | **Author Name** | **Signature** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |

**(Corresponding Author Signature): ............................................................................**

**Date:..........................................................................**