**PREDOCTORAL DECLARATION**

Candidate’s name:

Date and place of birth:

Doctoral School:

Supervisor:

According to the Rules and Regulations of the Doctoral Committee of Medical Sciences, University of Debrecen, hereby I declare that:

• this thesis was not submitted in and rejected by another institution previously;

• presently I am not going through and in the last 5 years I did not go through a PhD degree withdrawal procedure;

• this thesis is my own work, bibliographic references are complete and indicated clearly;

• non-own or partially own data are indicated clearly in the dissertation.

Debrecen, ......................................................

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