Standardized Retraction Form

Reference of the retracted article and DOI:
______________________________

Retraction date: __ __ __ __ __ __ __
Day  Month  Year

Retraction requested by (multiple responses allowed):
☐ All authors
☐ Some of the authors. Names: ______________
☐ Editor as requested by
  ☐ Institution
  ☐ Reader
  ☐ Other (details): ______________
☐ Journal’s owner / publisher
Date of the request: __ __ __ __ __ __ __
Day  Month  Year

Retraction type (multiple responses allowed):

Invalidating the results*
☐ Fraud
☐ Inconsistent data
☐ Honest error:
  ☐ Irreproducibility
  ☐ Lab error
  ☐ Analytical error
  ☐ Other (details ): __________

Not invalidating the results
☐ Plagiarism
☐ Overlap
☐ Property or legal concern
☐ Lack of ethical approval
☐ Authorship
☐ Editorial reasons
☐ Approval issues (authors, editors)
☐ Compromised peer review
☐ Conflicts of interests

*only one check mark is allowed in this column

History:
☐ History of expression of concern. Ref: ______________
☐ History of corrections. Ref: ______________

Comments:
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