

## AUTHOR STATEMENT

Manuscript Number (if known): \_\_\_\_\_

Manuscript Title: \_\_\_\_\_

### DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

I understand I will be required to disclose any potential conflicts of interest related to this work, in compliance with the International Committee of Medical Editors' guidelines.

### COPYRIGHT TRANSMITTAL STATEMENT

In consideration of SLACK Incorporated taking action in reviewing and editing my (our) submitted manuscript, the author undersigned hereby transfers, assigns, or otherwise conveys copyright ownership of the text and any accompanying images (including video) to SLACK Incorporated in the event that said work is published by SLACK Incorporated. The copyright so conveyed includes worldwide rights to any and all subsidiary forms of publication now known or hereafter developed, including print, electronic, CD-ROM, and Internet. These rights include using the material in whole or in part, to prepare derivative works, and to publish the material individually or as part of a collective work. The author(s) declares that the manuscript is original, has not been submitted to or is not under consideration by another publication, has not been previously published in any format, including electronic, and contains no matter that is, to the best of the author's knowledge, libelous or unlawful, or that infringes upon any US copyright.

**FEDERAL EMPLOYMENT** : Check the box at left if the author was an employee of the United States Federal Government when this work was investigated and prepared for publication; therefore, it is not protected by the Copyright Act and there is no copyright of which the ownership can be transferred.

### AUTHORSHIP CRITERIA AND CONTRIBUTIONS

By submitting this manuscript, I certify that I have made a direct and substantial contribution to the work reported in the manuscript in at least the first 2 of the following 3 areas: 1) conception and design of the study, data collection, or analysis and interpretation of the data; 2) writing the manuscript or providing critical revision of the manuscript for intellectual content; and 3) statistical expertise; obtaining funding; administrative, technical or material support; or supervision. I also certify that I have given final approval of the submitted manuscript and agree to allow the corresponding author to serve as primary correspondent with the editorial office.

### AUTHOR CONTRIBUTION CHECKLIST (Each Author Must Complete)

**You MUST CHECK at least one box in Categories 1 and 2  
to be listed as an author of the manuscript**

Category 1 (MANDATORY)	Category 2 (MANDATORY)	Category 3 (OPTIONAL)
<input type="checkbox"/> Conception and design <input type="checkbox"/> Data collection <input type="checkbox"/> Analysis and interpretation of data	<input type="checkbox"/> Writing the manuscript <input type="checkbox"/> Critical revision of the manuscript	<input type="checkbox"/> Statistical expertise <input type="checkbox"/> Obtaining funding <input type="checkbox"/> Administrative, technical, or material support <input type="checkbox"/> Supervision

By entering my name in the field below, I am confirming that I am the person signing this form and by checking the box to the right, I am indicating my agreement with the statements contained in this document and I intend to be bound by this record.

I agree

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 1. Identifying Information

1. Given Name (First Name)

---

2. Surname (Last Name)

---

3. Date

---

4. Are you the corresponding author?

 Yes No

5. Manuscript Title

---

6. Manuscript Identifying Number (if you know it)

---

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.