Declaration of Potential Conflict of Interest

|  |  |
| --- | --- |
| Manuscript title: |  |
| All Authors *(last name, initials):* |  |

**Declaration**

When potential conflict of interest exists, descriptions of type of conflict must be stated for each of the listed authors.

The items listed below are some of the examples of conflict of interest that can be inserted in the form:

• Author participates in clinical and/or experimental study subsidized by an industry or business;

• Author is a speaker at events sponsored by an industry or business;

• Author is a member of a board or directors of an industry or business;

• Author participates in regulatory committees of scientific studies sponsored by an industry or business;

• Author receives institutional financial support of an industry or business;

• Author shares stocks in an industry or business;

• Author prepares/develops scientific papers for journals sponsored by industries or business.

**Note:**

All authors must sign this document disclosing potential conflict of interest. The document must be uploaded as supplementary file of the submitted manuscript.

Please select the following:

[ ] No potential conflict of interest exists for this study.

[ ] Yes, there is a potential conflict of interest relative to this study as detailed above (please explain):

**AUTHORS**

By signing, all authors confirm the agreement with the contents of the previous (first) page of the Conflict of Interest statement and that the information they provided on these pages is true.

(Authors should be listed in the exact order as appearing on the title page of the manuscript. Feel free to copy and add more tables for additional authors if needed, likewise delete the excess if not used. ALL AUTHORS MUST SIGN THIS FORM).

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** |  | **Date and signature:** |
| 1 | **Institutional address** |  |  |
| **Email** |  |
| **Corresponding author** *(YES/NO)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** |  | **Date and signature:** |
| 2 | **Institutional address** |  |  |
| **Email** |  |
| **Corresponding author** *(YES/NO)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** |  | **Date and signature:** |
| 3 | **Institutional address** |  |  |
| **Email** |  |
| **Corresponding author** *(YES/NO)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** |  | **Date and signature:** |
| 4 | **Institutional address** |  |  |
| **Email** |  |
| **Corresponding author** *(YES/NO)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** |  | **Date and signature:** |
| 5 | **Institutional address** |  |  |
| **Email** |  |
| **Corresponding author** *(YES/NO)* |  |