

Conflict of Interest Disclosure Form

Full Name

Email Address

Manuscript Title

Manuscript ID (if applicable)

Potential Conflicts of Interest

1. Financial Interests

☐ I have relevant financial interests to disclose.

2. Personal Relationships/Competing Interests

☐ I have relevant personal relationships or competing interests.

3. Intellectual Property Interests

☐ I have relevant intellectual property interests to disclose.

Other Potential Conflicts

Please describe any other potential conflicts of interest

Signature

Date

