

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | |
| Conflict of Interest | |  | |
|  |  | |
| For Authors / Reviewers | |  | |
| Information | |  | |

|  |  |
| --- | --- |
| Journal name |  |
| Manuscript Title |  |
| Manuscript ID [If applicable] |  |
| Date |  |

|  |
| --- |
| Disclosure Form |

1. Financial Conflicts of Interest

Please select all that apply and provide details below: use (X) to mark your choice

|  |  |
| --- | --- |
|  | Financial support from organizations related to the manuscript |
|  | Personal investments or financial interests related to the manuscript |
|  | Honoraria or payments received from entities related to the manuscript |
|  | Other financial interests |

Details of Financial Conflicts:

|  |
| --- |
| [Please provide details for the selected options.] |

1. Personal or Professional Conflicts of Interest

Please select all that apply and provide details below: use (X) to mark your choice

|  |  |
| --- | --- |
|  | Professional relationships with authors or institutions related to the manuscript |
|  | Personal relationships with authors or institutions related to the manuscript |
|  | Advisory roles or board memberships related to the manuscript |
|  | Other personal or professional relationships |

**Details of Personal or Professional Conflicts:**

|  |
| --- |
| [Please provide details for the selected options.] |

1. Financial Interests in Related Organizations

Please indicate if you have financial interests in organizations that may benefit from the publication of this manuscript: use (X) to mark your choice

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide details:**

|  |
| --- |
| [Please provide details.] |

1. Other Potential Conflicts of Interest

Please describe any other potential conflicts of interest not covered above:

**Other Potential Conflicts:**

|  |
| --- |
| [Please provide details.] |

1. Declaration

By signing below, you confirm that you have disclosed all potential conflicts of interest related to your role and understand that any undisclosed conflicts may affect the review process or publication.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Name:** [Full Name]  
**Date:** [Date]

