

# FORM FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

1. Name (First, Middle & Last): .....

2. Are you a corresponding author? ..... Yes ..... No

3. Manuscript Title:  
.....  
.....  
.....

4. Have you received any financial support from any third party related to the submitted work (government granting agency, charitable foundation or commercial sponsor) ..... Yes ..... No

If yes, specify the type of support and whether the payment went to you or to your institution, or both

.....  
.....  
.....

5. Did you have any financial activities/relationships outside the submitted work (**For example:** Consultancy, employment, grants/grants pending, payment for manuscript preparation/related educational presentations and others) ..... Yes ..... No

If yes, specify and give details.....  
.....  
.....

6. Do you have any other relationships/condition/circumstances that present a potential conflict of interest ..... Yes ..... No

If yes, give details .....  
.....  
.....

**Signature of the author/s:** ..... **Date:** .....