# Conflict of Interest Form

**Manuscript number**

**Manuscript title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As the corresponding author, I declare the following information regarding the specific conflicts of interest of authors of our aforementioned manuscript.

Examples of conflicts of interest include the following: source of funding, paid consultant to sponsor, study investigator funded by sponsor, employee of sponsor, board membership with sponsor, stockholder for mentioned product, any financial relationship to competitors of mentioned product, and others (please specify).

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| Author | No conflict involved | Conflict (specify) |
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I accept the responsibility for the completion of this document and attest to its validity on behalf of all co-authors.

### Corresponding author (name/signature)

### Date