**CONFLICT OF INTEREST DISCLOSURE FORM**

Conflict of Interest is defined as a set of conditions in which professional judgment concerning a primary interest, such as the validity of research, may be influenced by a secondary interest, such as financial gain. A Conflict of Interest Disclosure is an agreement or notification from the authors that they have not been paid for the work, or if they have, stating the source of their payment. The purpose of Conflict of Interest Disclosure form is to provide readers of authors’ manuscript with information about authors’ interests that could influence how the authors receive the work. The author(s) should submit a conflict of interest disclosure form and is responsible for the accuracy and completeness of the submitted manuscript. Conflict of Interest Disclosure form can be signed by all authors and stating that the submitted manuscript is the authors’ original work, has not received prior publication and is not under consideration for publication elsewhere, permission has been received to use any material in the manuscript much as tables, figures etc. or no permissions have necessary to publish the authors’ work. The authors whose names are listed immediately below report the following details of affiliation or involvement in an organization or entity with a financial or non-financial interest in the subject matter or materials discussed in this manuscript.

|  |  |  |  |
| --- | --- | --- | --- |
| **Author(s):**  **Manuscript Title:**  **Manuscript ID:** | | | |
| 1 | Do the authors or authors’ institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted manuscript (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? | | |
|  | *Are there any relevant conflicts of interest?* | **Yes** | **No** |
| 2 | Do the authors have any patents, whether planned, pending or issued, broadly relevant to the work? | | |
|  | *Are there any relevant conflicts of interest?* | **Yes** | **No** |
| 3 | Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what the authors’ information in the submitted manuscript? | | |
|  | *Are there any relevant conflicts of interest?* | **Yes** | **No** |
| 4 | Are there any aspect of the work covered in this manuscript that has involved either experimental animals or human patients has been conducted with the ethical approval of all relevant bodies or not. | | |
|  | *Are there any relevant conflicts of interest?* | **Yes** | **No** |

**On Behalf of all Contributing Author(s):**

All the author(s) to indicate agreement that the above information is true and correct.

| **Corresponding Author Name:** | **Signature** | **Date** |
| --- | --- | --- |
| Co-Author Name: | Signature | Date |
| Co-Author Name: | Signature | Date |
| Co-Author Name: | Signature | Date |
| Co-Author Name: | Signature | Date |
| Co-Author Name: | Signature | Date |
| Co-Author Name: | Signature | Date |