**CJDR Form for Disclosure of potential conflicts of interest**

Each author is required to submit a separate form and is responsible for accuracy and completeness of the form.

**Identifying information:**

**Given name (First name):**

**Surname (Last name):**

**Manuscript Title:**

**Date:**

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**Section 1: Financial activities and support**

**Did you, at any time, receive any payment or services from a third party for any aspect of your work?**

(The resources you have received either directly or indirectly. Saying “NO” means that you have completed the work without any financial support from a third party. This means the financial support was provided by the same institution that pays your salary. If you or your institution receives any financial support from a third party to complete this work, then, check “Yes”. Note: the third party examples include commercial sponsors, charities, government grant agencies, and more.)

Please note: time frame includes from the initial conception to present.

**Is there any relevant conflict of interest?**

**Do you have any financial relationships relevant to this work?**

(This includes your relationship with any financial entities that might be influenced by this work, and any money or services you or your institution have received by these entities (this included all money you have received by these entities, not limited to the money to support this work)

Please note: for the grants received outside this submitted work, only disclose those relevant to this work.

**Is there any relevant conflict of interest?**

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**Section 2: Intellectual property; patent and copyrights**

**Is there any patent relevant to your work? (Whether planned, issued, pending)**

**Is there any relevant conflict of interest?**

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**Section 3: conditions, activities, or relationship not covered above**

**Is there any conditions, activities, or relationship that might impose bias or influence the appearance of your writing?**

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**Section 4: Disclosure statement**

**Dr. ………………. has nothing to disclose.**

**Dr. ------------ reports ………………………….**