

CONFLICT OF INTEREST DISCLOSURE

(Adapted from International Committee of Medical Journal Editor).

Section 1: Identifying Information				
Full Name of corresponding author:				
Manuscript title:				
Section 2: The manuscript under consideration for publication				
Are there any relevant conflicts of interest? If Yes, please fill the information below. In case of No, go to section 5				
Name of institution / company	Grant	Personal fee	Non-financial support	Comments
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: Relevant financial activities outside the submitted work				
Do you have any financial relationships (regardless of amount of compensation) with entities involved in the research (government agency? foundation, commercial sponsor, academic institution)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution / company	Grant	Personal fee	Non-financial support	Comments
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4: Relationships not covered above				
Are there any other activities or relationship that could have influenced, or have had the potential of influencing the outcome of your research?				<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain below)

Section 5: Declaration

Check the one which is applicable:

- I declare that I have disclosed all associations required for disclosure under Conflict of Interest; and that, except as declared, I do not consider that any of the associations present a conflict of interest.
- I declare that there is no conflict of interest regarding the publication of this paper.

I, corresponding author on behalf of all contributing authors, hereby declare that the information given in this disclosure is true and complete to the best of my knowledge and belief.

In case of any change to the above given information and declaration, I will promptly notify the Editor and complete a new conflicts of interest disclosure form that describes the changes. This includes any change that occurs prior to publication of my manuscript in JWMC.

I hereby declare that I comply with the journal policy for Conflict of Interest.

Signature with date: _____