## Annex G: Declaration of Conflict of Interest

This form is intended for disclosure of Conflict of Interest (COI) and must be complete by the authors prior to their works being considered for publication. Through this declaration the author/s ensure/s that transparency and academic integrity are observed. Each author involved in the preparation of the manuscript should fill up a separate form.

## SECTION 1. Identifying Information

(First Name) (Last Name) M.I. Are you the corresponding author?

□ Yes □ No

If no, indicate the name of the corresponding author

Manuscript/Article Title

## SECTION 2. Work Under Review and Evaluation

Did you or your institution receive payment or services from a third party in support of any part of the submitted work?

□ Yes □ No

If yes, complete the succeeding table:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Institution/Company** | **Grant** | **Personal Fees** | **Non-Financial Support** | **Other** | **Remarks** |
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## SECTION 3. Relevant Financial Activities Outside the Submitted Work

Have you had financial relationships with any entities in the relevant field within the last 36 months?

□ Yes □ No If yes, provide a list below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Entity** | **Grant** | **Personal Fees** | **Non-Financial Support** | **Other** | **Remarks** |
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## SECTION 4. Intellectual Property

Do you have any patents, copyrights, or licenses broadly relevant to the submitted work?

□ Yes □ No

If yes, complete the succeeding table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title/Description** | **Status (Pending/Issued****/licensed)** | **Royalties** | **Licensee** | **Remarks** |
| * Yes □ No
 |

## SECTION 5. Relationships Not Covered Above

Are there any other relationships, activities, or circumstances not covered above that could be perceived as potential conflict of interest?

* Yes (please describe below)
* No other relationships to disclose Explanation (if any):

## SECTION 6. Acknowledgment and Signature

I hereby certify that the information provided is true and complete.

Printed Name & Signature Date