

**Instructions:** This form should be filled out by the article’s corresponding author on behalf of all listed co-authors.

**Manuscript ID:** TPJ- \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manuscript Title:** \_\_\_\_\_

**Corresponding Author Name:** \_\_\_\_\_

**Corresponding Author Email:** \_\_\_\_\_

**List of all co-authors:**

Name and degrees	Affiliation (Institution, City, State, Country)

*If additional space is needed, please continue on a separate sheet.*

**Attestations**

- I attest that all co-authors listed above have agreed to serve as co-authors, and have reviewed the final version of the manuscript to approve it for publication. I attest on behalf of all co-authors that all named co-authors have made substantive contributions to the manuscript such that they meet all factors of authorship criteria as outlined by the International Committee of Medical Journal Editors. I understand and attest on behalf of all co-authors that readers may infer endorsement of the data or conclusions reported in the manuscript by all named co-authors.
- To the best of my knowledge and belief, the above manuscript has not been published and is not being considered for publication except as described in an attachment hereto;
- Except as described in an attachment hereto, to the best of my knowledge and belief, all intellectual contributions, technical help, financial or material support, and financial or other relationships that may constitute or lead to a conflict of interest, have been acknowledged or disclosed in the manuscript;
- No financial conflict of interest exists with any commercial entity whose products or services are described, reviewed, evaluated or compared in the Work, except for those disclosed under “Financial Disclosures”

**Disclosures**

“Conflicts of interest” may arise when personal or financial relationships or interests interfere, or have the potential to interfere, with professional roles, responsibilities, or judgement. Thus, in accordance with the [Recommendations for the Conduct, Reporting, Editing and Publication of](#)

[Scholarly Work in Medical Journals](#) (2019), *The Permanente Journal* must ensure balance, independence, objectivity, and scientific rigor. Authors are expected to disclose to the course audience any relevant financial relationships\* or other relationship that poses a potential conflict of interest. All financial or personal relationships that might bias the authors' manuscript should be listed below. The corresponding author should gather and collate this information on behalf of all co-authors, and may submit this form on behalf of all co-authors.

**Manuscript Code:** TPJ- \_\_\_\_\_ — \_\_\_\_\_

I. Do any potential conflicts of interest exist in this manuscript?

Yes No

If yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s)

---



---

II. Does this manuscript include a discussion of any commercial products or services?

Yes No

If yes, over the past 12 months, have you or any member of your immediate family had a relevant financial relationship or other relationships with the manufacturer(s) of any of the products or providers?

Yes No

If yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s)

---



---

III. In addition to the above, please describe all relevant relationships with commercial entities even though you will not be discussing their products or services.

Name of Corporate Organization(s)	Nature of Relationship

\*Relevant financial relationships requiring disclosure include:

- Ownership or part ownership of commercial entities
- Membership on boards of directors or trustees, or advisory committees of commercial entities

- Grants of research support from commercial entities (excludes grants from governmental or nonprofit, independent foundations)
- Employee of commercial entities
- Consultant for commercial entities
- 5% or greater stockholder (excludes mutual fund holdings) of commercial entities
- Membership of speakers bureau for commercial entities

IV. It is the author’s responsibility to disclose any presentation of off-label uses of a product. Your signature indicates that you will disclose that information within the text of the manuscript. Do you anticipate your manuscript to include discussion of any off-label uses of a product?

Yes

No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

V. Patient Care Recommendation  
Will your manuscript include patient care recommendations?

Yes

No

### RESEARCH STUDIES

VI. If the manuscript involves a study conducted by the authors, the authors must list the study sponsors and the sponsors’ role, if any, in study design, in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the report for publication. If this submission involves a study, please list study sponsors and their role(s).

Name of Sponsoring Organization(s)	Role	Grant # (if applicable)

VII. If the study was funded by an agency with a proprietary or financial interest in the outcome, please confirm if the following statement is correct:

**I had full access to all data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis.**

Agree

Disagree

VIII. When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible

committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. If there is doubt as to whether or not the research was conducted in accordance with the Helsinki Declaration, please explain the rationale for your approach and demonstrate that the institutional review board explicitly approved the doubtful aspects of the study. (Please attach a copy of the Institutional Review Board approval.)

**This study conforms to the Helsinki Declaration of 1975, as revised in 2000.**

Agree

Disagree

If "Disagree," please attach the rationale on a separate page.

Typing your name here qualifies as your signature.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_