

**BMB Requests Authors of Experimental Studies to Sign the Uniform Disclosure Form for Potential Conflicts of Interest**

**ICMJJE - International Committee of Medical Journal Editor**

**ICMJJE Uniform Disclosure Form for Potential Conflicts of Interest**

**Section 1. Identifying Information**

**First Name:**

**Surname:**

**Effective Date:**

**Are You Corresponding Author:**  Yes  No

**Manuscript Title:**

**Manuscript Identifying Number (if you know it):**

**Section 2. Information about the Support of the Work under Consideration for Publication**

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

No

Yes, specify nature of compensation

**Section 3. Information about Relevant Financial Relationships Outside the Submitted Work**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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Type of Relationship A-Z	No	Money Paid to You	Money to Your Institution	Entity	Comments
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grant/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patents (planned, pending or issued)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If you have more than one relationships, please enumerate them below this table.