

**Conflict of Interest Disclosure Form**

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**Declaration**

A conflict of interest may arise from personal, financial, or professional relationships that could influence or appear to influence the impartiality of one's work. Disclose any real or apparent conflicts, including funding sources and other financial or interpersonal ties, to enable readers to make an informed judgment about the content.

**Policy**

* Authors must disclose all funding sources and any other relationships that could influence their work.
* Editors reserve the right to reject submissions if a sponsor has controlled the authors' right to publish findings.

**Submission**

* Complete and sign this form acknowledging understanding of the conflict-of-interest policies.
* Preferably, include disclosures and signatures from all authors on one form. Separate forms are acceptable if necessary.

**Author Information and Disclosure**

* **Author Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Manuscript Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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* **Funding Sources:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Potential Conflicts of Interest:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Other Conflicts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing, I/We affirm that I/We have disclosed all potential conflicts of interest and agree to abide by the IIJASSAH's policies.

**Signatures:**

**\*(Include additional signature lines as necessary.)**

Author 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_