**TRANSLATIONAL BEHAVIORAL MEDICINE CONFLICT OF INTEREST CHECKLIST**

Manuscript Name (please print):                                                                                                                              Submitting Author Name (please print):

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of potential conflict of interest** | If an author has had any of the listed relationships with an entity that has a financial interest in the subject matter discussed in this manuscript, please check the appropriate “Yes” box below and provide details. If no author has a listed relationship, please check the appropriate “No” box. When completing this section, please take into account the last 36 months through to the foreseeable future. | | |
|  | **No (√)** | **Yes (√)** | **Details** |
| Employment |  |  |  |
| Grant received/grants pending |  |  |  |
| Consulting fees or honorarium |  |  |  |
| Support for travel to meetings for the study, manuscript preparation or other purposes |  |  |  |
| Fees for participation in review activities such as data monitoring boards, etc |  |  |  |
| Payment for writing or reviewing the manuscript |  |  |  |
| Provision of writing assistance, medicines, equipment or administrative support |  |  |  |
| Payment for lectures including service on speakers bureaus |  |  |  |
| Stock/stock options |  |  |  |
| Expert testimony |  |  |  |
| Patents (planned, pending or issued) |  |  |  |
| Royalties |  |  |  |
| Other (err on the side of full disclosure) |  |  |  |

If you answered "Yes" to any of the questions relating to financial conflicts of interests in the table above (or if you wish to disclose a non-financial conflict of interest), you **MUST** write an explanatory statement in the box below.

|  |
| --- |
|  |

**Declaration:** I certify that I have fully read and fully understood this form, and that the information I have presented here is accurate and complete to the best of my knowledge.

Signature:

Date: