NJHS
National Journal of Health Sciences

**To,**
**The Editor-In-Chief**
**National Journal of Health Sciences (NJHS),**
**Plot# 16, Maqbool Society, Block 7-8,**
**Lal Muhammad Chaudhry Road,**
**Karachi 75300, Pakistan**

Date: _____

## CONFLICT OF INTEREST DISCLOSURE FORM

(Adapted from International Committee of Medical Journal Editors Recommendations [**ICMJE**])

| **Part 1: Manuscript Information** | | | | |
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| Name of the ***Corresponding Author:*** | | | | |
| **Article ID** (Official Use Only) | | | | |
| **Manuscript Title:** | | | | |
| **Part 2: The manuscript under consideration for publication** | | | | |
| Are there any relevant conflicts of interest? If Yes, please fill the information below. If No, go to ***Part 5*** | | | | □ Yes □ No |
| ***Name Of Institution / Company*** | ***Grant*** | ***Personal Fee*** | ***Non-Financial Support*** | **Comments** |
| 1. | □ | □ | □ | |
| 2. | □ | □ | □ | |
| 3. | □ | □ | □ | |
| **Part 3: Relevant financial activities outside the submitted work** | | | | |
| Do you have any financial relationships (regardless of amount of compensation) with entities involved in the research (Government Agency, Foundation, Commercial Sponsor and Academic Institution)? | | | | □ Yes □ No |

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|---|---|---|---|---|
| 1. | □ | □ | □ | |
| 2. | □ | □ | □ | |
| 3. | □ | □ | □ | |

**Part 4: Relationships not covered above**

| | |
|---|---|
| Are there any other activities or relationships that could have influenced, or had the potential to influence, the outcome of your research? | □ Yes □ No (if yes, please explain detailed below) |

**Part 5: Declaration**

Please select one of the following declarations:

☐ I declare that I have disclosed all relationships as required by this conflict of interest disclosure policy, and that, except as declared, I do not consider any of these relationships to constitute a conflict of interest.

☐ I declare that no conflicts of interest exist regarding the publication of this manuscript.

☐ As ***corresponding author***, and on ***behalf*** of all ***co-authors***, I declare that the information provided in this disclosure is complete and accurate to the best of my knowledge and belief.

I understand that any changes to the information disclosed above should be promptly communicated to the Editor, along with a revised conflict of interest disclosure form. This includes any changes that occur before publication of the manuscript.

I confirm adherence to the journal's policy on conflict of interest.

**Signature: _____ Date: _____**