

CONFLICT OF INTEREST FORM

Manuscript ID		
Manuscript title		
As the corresponding author, I declare the	following information regarding the specific co	onflict of interests of authors of our manuscript
aforementioned.		
•	r for mentioned product, patent inventor for m	stigator funded by sponsor, employee of sponsor, nentioned product, any financial relationship to
Author	No conflict involved	Conflict (specify)
1.		
2.		
3.		
4.		
5.		
6.		
I accept the responsibility for the completion	on of this document and attest to its validity on	behalf of all co-authors.
Corresponding author (name/signature):		
Date:		