

## Potential conflict of interest disclosure form

This form enables us to provide readers with information about any potential conflict of interest that may influence how they perceive your work. A conflict may occur when an author has a financial relationship with a commercial entity that provides patient-related products or services that are relevant to the subject matter about which the author is writing.

Each author should complete a separate form. The information provided should be based only on the past 36 months.

Date: \_\_\_\_\_

Name (first and last): \_\_\_\_\_

Manuscript title: \_\_\_\_\_

Is there a perceived conflict of interest related to a commercial entity (check one)?\*

Yes

No

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*If you are unsure if there is a commercial interest, refer to the explanation from the International Committee of Medication Journal Editors; Disclosure of financial and non-financial relationships and activities, and conflicts of interest at <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html> or contact Cheryl L Mee MSN, MBA, RN, FAAN executive editor director for *American Nurse Journal*, at [cmee@healthcommedia.com](mailto:cmee@healthcommedia.com).

If yes, please check the relevant financial relationships and provide a brief description:

Salary \_\_\_\_\_

Royalty \_\_\_\_\_

Stock \_\_\_\_\_

Speakers bureau \_\_\_\_\_

Consultant \_\_\_\_\_

Other (describe) \_\_\_\_\_

Note: Do NOT list specific monetary amounts.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(If you are unable to sign electronically, simply place an X.)



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By Gregory P. Osborne, Publisher

Signature

Date

Signature

Date

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