

Annals of Family Medicine Manuscript Agreement

Instructions: This form is only required when the editors invite a revision of the manuscript.

- The **corresponding author** must read and sign sections 1-6. **Co-authors** must sign sections 1-4.
- If more detail is required, attach additional page(s) and mark “*Details attached.*”

Return completed form(s) by email, mail, or fax:

Phone: 734-763-7454

Annals of Family Medicine

Fax: 734-936-6006

300 N Ingalls St, NI-4D09

Email: AnnFamMed@umich.edu

Ann Arbor, MI 48109

Your name: _____

Manuscript title: _____

First author's name: _____

1. AUTHORSHIP (See “[Policy on Authorship](#)” on the Author page: www.AnnFamMed.org)

- I have participated sufficiently in the conception and design of this work or the analysis and interpretation of the data, as well as the writing of the manuscript, to take public responsibility for the manuscript. YES NO
- I believe the manuscript represents valid work. YES NO
- I have reviewed the final version of the manuscript and approve it for publication. YES NO
- Neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, unless described in an attachment to this statement. YES NO

Your signature

Date signed

Details attached

2. FINANCIAL DISCLOSURE

- I certify that this manuscript is not sponsored directly or indirectly by a pharmaceutical company, medical device manufacturer, public relations firm, or other commercial entity, unless specified in an attachment to this statement. YES NO
- Neither I nor any immediate family member currently has a financial interest in or arrangement with any organization that may have a direct interest in the subject matter of this article, unless disclosed in an attachment to this statement. (Financial interest or arrangement includes but is not limited to: financial support, assistance with manuscript preparation, honoraria, consultancies, grant receipt, research support, directly purchased stock holdings, speakers’ bureau listing, employment or other material support.) YES NO

Your signature

Date signed

Details attached

3. HUMAN AND ANIMAL SUBJECT PROTECTIONS

- This study was approved or exempted by the appropriate institutional human and/or animal subject review committees. This approval or exemption is stated in the Methods section of the manuscript. YES NO N/A
- Informed consent was obtained from any human participants in this research. YES NO N/A

Your signature

Date signed

Details attached

Annals of Family Medicine Manuscript Agreement

4. (A) COPYRIGHT ASSIGNMENT or (B) STATEMENT OF U.S. FEDERAL EMPLOYMENT

>>> Complete (A) or (B) <<<<

A. Copyright assignment statement.

In consideration of the action taken by the Annals of Family Medicine Inc. (AFMI) in reviewing and editing this manuscript, I hereby assign, transfer and convey all rights, title and interest in the work, including copyright ownership, to AFMI in the event that this work is published by AFMI. In making this assignment of ownership, I understand that all accepted manuscripts become the permanent property of AFMI and may not be published elsewhere without prior written permission from AFMI.

YES NO

>>> **OR** <<<<

>>> **OR** <<<<

B. Statement of federal employment.

I was an employee of the United States federal government when this work was prepared for publication. This manuscript is therefore not protected by the Copyright Act, and there is no copyright of which ownership can be transferred.

YES NO

Your signature

Date signed

Details attached

Only the **CORRESPONDING AUTHOR** will complete Sections 5-6.

5. DATA INTEGRITY

- I certify that I had full access to all data in this study.
- I take complete responsibility for the integrity of the data and the accuracy of the data analysis.
- I had final responsibility for the decision to submit the manuscript for publication.

YES NO

YES NO

YES NO

Your signature

Date signed

Details attached

6. ACKNOWLEDGMENTS

- If persons who are not named as authors made substantial contributions to the work reported in the manuscript, including its editing and writing, they are instead named in the Acknowledgments. The corresponding author has retained written permission from each person in the Acknowledgments.
- If a medical writer or editor was involved in the creation of this manuscript, s/he is included as an author, or is named in the Acknowledgements with written permission.
- If the manuscript does not include Acknowledgments, it is because the authors have not received substantial contributions from non-authors.
- If any portion of the manuscript was generated by a machine learning tool (Chatbot)/

YES NO N/A

YES NO N/A

YES NO N/A

YES NO N/A

Your signature

Date signed

Details attached

Contact us at AnnFamMed@umich.edu