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, post, or fax:

Annals of Family Medicine
Phone: 216-368-0837  CWRU Family Medicine Research Div.
Fax: 216-274-6385  11000 Cedar Avenue, Suite 402
Email: AnnFamMed@case.edu  Cleveland, OH 44106-7136

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
4. COPYRIGHT ASSIGNMENT or STATEMENT OF U.S. FEDERAL EMPLOYMENT
(complete either (A) or (B) below, but not both)

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

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

Sections 5-6 are to be completed only by the corresponding author.

5. DATA INTEGRITY

• I certify that I had full access to all data in this study. ☑ YES ☐ NO

• I take complete responsibility for the integrity of the data and the accuracy of the data
  analysis. ☑ YES ☐ NO

• I had final responsibility for the decision to submit the manuscript for publication. ☑ 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. ☑ YES ☐ NO ☐ N/A

• 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. ☑ YES ☐ NO ☐ N/A

• If the manuscript does not include Acknowledgments, it is because the authors have not
  received substantial contributions from non-authors. ☑ YES ☐ NO ☐ N/A

Your signature Date signed [ ]Details attached

©Annals of Family Medicine, Inc. Revised 4/30/15.