MANUSCRIPT ID NUMBER

Article title (first few words)

First/Corresponding Author: ………………………………………………………………………..

E-mail: ………………………………………………………………………………

1. AUTHORSHIP
I, the undersigned author(s), certify that:

- I have seen and approved the final version of the manuscript, and all subsequent versions.
- I have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- I have drafted the article or revised it critically for important intellectual content.

I accept public responsibility for it, and believe it represents valid work. As an author of this article, I certify that none of the material in the manuscript has been previously published, nor is included in any other manuscript. I certify that this manuscript is not under consideration for publication elsewhere, nor has it been submitted or accepted in another publication in any form. The rights or interest in the manuscript have not been assigned to any third party.

Moreover, should the editors request the data upon which the manuscript is based, I shall produce it. I also certify that I have read and complied with the copyright information, as found on the Cancer Chemotherapy Pharmacology home page website.

After submission of this agreement signed by all authors, changes of authorship or in the order of the authors listed will not be accepted.

2. FINANCIAL DISCLOSURE/CONFLICT OF INTEREST
It is the policy of Cancer Chemotherapy Pharmacology to ensure balance, independence, objectivity, and scientific rigor in the Journal. All authors are expected to disclose to the readers any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the article.

This pertains to relationships with pharmaceutical companies, biomedical device manufacturers or other corporation whose products or services may be related to the subject matter of the article or who have sponsored the study.

The intent of the policy is not to prevent authors with a potential conflict of interest from publication. It is merely intended that any potential conflict should be identified openly so that the readers may form their own judgments about the article with the full disclosure of the facts.

Please ensure that all and any disclosures/conflicts, are listed below and included within the manuscript. If no conflicts exist, please state: “Disclosures: None”.

By checking the box next to my signature, I certify that:

- all financial support or benefits received by me, by any member of my immediate family, or any individual or entity with whom or with which I have a significant relationship from any commercial source related directly or indirectly to the scientific work reported in the article have been disclosed and have been included in the submitted manuscript.
- neither I, nor any member of my immediate family, nor any individual or entity with whom or with which I have a significant relationship has a financial interest in the subject matter discussed in the manuscript, except as disclosed. (I understand an example of such a financial interest would be a stock interest in any business entity which is included in the subject matter of the manuscript or which sells a product relating to the subject matter of the manuscript.)
- all funding sources supporting the work and all institutional or corporate affiliations are acknowledged in a footnote.
- I have had full access to all the data in the study (if applicable) and thereby accept full responsibility for the integrity of the data and the accuracy of the data analysis.

Page 1 of 2 (Signatures and dates are required on page 2)
CANCER CHEMOTHERAPY PHARMACOLOGY
Authorship/Disclosure Form

MANUSCRIPT ID NUMBER

Completed forms must be scanned and submitted as a PDF file during the online submission process.

Author 1 (printed name):

☐ Remuneration  Entity: ____________________________
☐ Consultant/advisory role:  Entity: ____________________________
☐ Stock ownership  Entity: ____________________________
☐ Funding  Entity: ____________________________

☐ Signature: ____________________________  Date: ____________________________

Author 2 (printed name):

☐ Remuneration  Entity: ____________________________
☐ Consultant/advisory role:  Entity: ____________________________
☐ Stock ownership  Entity: ____________________________
☐ Funding  Entity: ____________________________

☐ Signature: ____________________________  Date: ____________________________

Author 3 (printed name):

☐ Remuneration  Entity: ____________________________
☐ Consultant/advisory role:  Entity: ____________________________
☐ Stock ownership  Entity: ____________________________
☐ Funding  Entity: ____________________________

☐ Signature: ____________________________  Date: ____________________________

Author 4 (printed name):

☐ Remuneration  Entity: ____________________________
☐ Consultant/advisory role:  Entity: ____________________________
☐ Stock ownership  Entity: ____________________________
☐ Funding  Entity: ____________________________

☐ Signature: ____________________________  Date: ____________________________

Author 5 (printed name):

☐ Remuneration  Entity: ____________________________
☐ Consultant/advisory role:  Entity: ____________________________
☐ Stock ownership  Entity: ____________________________
☐ Funding  Entity: ____________________________

☐ Signature: ____________________________  Date: ____________________________

Author 6 (printed name):

☐ Remuneration  Entity: ____________________________
☐ Consultant/advisory role:  Entity: ____________________________
☐ Stock ownership  Entity: ____________________________
☐ Funding  Entity: ____________________________

☐ Signature: ____________________________  Date: ____________________________

Page 2 of 2 (Signatures and dates are required on page 2)