



AUTHOR DISCLOSURE



Manuscript Title: _____

Manuscript number (if known): _____

Is there more than one author on this manuscript? Yes No

If yes, all authors must individually submit this form.

Your Name: _____

Address: _____

E-mail address: _____

Dear Author(s):

Thank you for submitting your manuscript to the *Journal of Midwifery & Women's Health*. Upon submission, all authors must sign and return this form. Publication cannot proceed without a signed copy of this form.

A. AUTHORSHIP

All authors must verify they qualify for authorship according to the International Committee of Medical Journal Editors (ICMJE) criteria for authorship. All three of these criteria are required to qualify for authorship. If you contributed to the manuscript but do not meet all three criteria, you should be listed in the acknowledgements section but cannot be an author.

1. Did you make substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data? For a manuscript that does not involve data analysis, substantial contributions include conceptualization of the manuscript, review of the literature, or synthesis of the literature.

Yes No

2. Did you draft the article or revise it critically for important intellectual content?

Yes No

3. Did you give final approval of the submitted manuscript and will you give final approval of the version to be published?

Yes No

In addition, authors must verify that all manuscript contributors have been identified.

4. Have all persons who contributed to this manuscript been included either as authors or in the acknowledgements section?

Yes No

B. CONFLICT OF INTEREST

All authors must disclose any financial relationships with commercial interest(s) that produce healthcare products or services discussed in the manuscript as well as any relationships or activities that present a potential conflict of interest. Detailed information is available in the Journal's Policy on Conflict of Interest.

In the past 3 years, have you or your spouse/partner had financial relationships or affiliations with any commercial entity related to products or services discussed in the manuscript?

Yes (Please provide specific information on next page) No

Nature of Relationship	Name of Company
Advisory Board or Panel	
Consultant	
Speaker's Bureau	
Royalties (including trademarks or patents)	
Employee	
Officer or Board Member	
Shareholder	
Grant Recipient/Research Support	
Other Relationship	

Are there other relationships or activities that readers, reviewers, or editors could perceive to have influenced, or that give the appearance of potentially influencing, the manuscript?

Yes (Please provide specific information below) No

C. UNAPPROVED OR INVESTIGATIONAL USES OF PRODUCTS OR DEVICES

With sound rationale and evidence, medications and medical devices may be prescribed for conditions other than those for which they have FDA approval (off-label). These uses may be discussed in the manuscript as long as the lack of FDA approval or clearance for such uses is disclosed.

Does the manuscript include discussion of unapproved or investigational uses of products or devices?

Yes (Please provide specific information below) No

I certify that the information provided is true, complete, and correct to the best of my knowledge. I understand that failure to disclose or false disclosure is publication misconduct and may result in rejection of the manuscript or a correction of the published article.

Author's Signature

Date