

## Neurogastroenterology & Motility Conflict of Interests Form

<b>Title</b>	
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**ALL authors must complete and sign this form. The completed form must be returned to the editorial office before the article can be accepted for publication.**

A competing interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal rivalry).

*Please answer all of the following questions*

1. Have you in the past five years accepted the following from an organisation that may in any way gain or lose financially from the results of your study or the conclusions of your article:

Reimbursement for attending a symposium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A fee for speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A fee for organising education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funds for research?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funds for a member of staff or your laboratory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fees for consulting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Have you in the past five years been employed by an organisation in excess of US\$10 000 that may in any way gain or lose financially from the results of your study or the conclusions of your article?

Yes  No

3. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the results of your study or the conclusions of your article?

Yes  No

4. Do you have any other competing interests? If so, please specify.

Yes  No

**If you have answered "yes" to any of the above 4 questions, please type a statement and send it to us for inclusion in the article.** Here is an example:

BJP has acted as a paid consultant to Faust Pharmaceuticals Inc. and has received funding for research carried out in this work.

<b>Signed</b>		<b>Print name</b>	
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<b>Date</b>	
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**Please return the signed form to (faxed copies are acceptable):**

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