HOW TO COMPLETE THE FORM FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Instructions on how to complete the Form for Disclosure of Potential Conflicts of Interest in accordance with the International Committee of Medical Journals Editors (ICJME).

According to ICJME, there is a conflict of interest when an author (or his/her institution) has a financial relationship (employment, consultancy, ownership of shares, fees, or expert reports) or personal relationship (academic competition, or intellectual position) that may inappropriately influence his/her actions.

Instructions

The purpose of this form is to provide readers of papers published in Biochimica Clinica with information about authors’ personal interests that could influence how their work is received and understood. This form can be completed and stored electronically.

Each author should complete a separate form. Therefore, he/she is responsible for the accuracy and completeness of the submitted information.

1 - Identifying information
Enter the required information, including the identification number of the manuscript provided by the Editorial Staff.

2 – The manuscript under consideration for publication
This section asks for information about the work you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the submission to Biochimica Clinica. The requested information is about the resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Ticking “No” means that you did the work without receiving any financial support from any third party - that is, the work was supported by funds from your institution, which did not receive any third-party funds. If you or your institution receive funds from a third party to support the work, such as government granting agencies, charitable foundations, patient associations or companies, you are requested to provide the information required specifying whether the payment went to you or your institution, or both.

3 - Relevant sources of financing outside the submitted work.
This section asks about your financial relationships with entities operating in the bio-medical arena that could be perceived as being able to potentially influence what you wrote in the submitted work. You are required to disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you shall report relationship with entities pursuing diagnostic or therapeutic strategies in the field of neoplastic diseases in general, not just in the area of EGFR or lung cancer. You should report all sources of revenue paid (or promised...
to be paid) directly to you or your institution on your behalf over the 24 months prior to submission of the work. This should include all payments from sources with relevance to the submitted work, not just those from the entities that sponsored the research. Where there is any doubt, it is usually better to disclose a relationship than not to do so.

Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a research in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4 - Other financial relationships.
Use this section to report other relationships or activities that readers could perceive to have influenced what you wrote in the submitted work.

FORM

Section 1. Identifying information

1. Name (First Name): ........................................................................................................................................

2. Surname (Last Name): ....................................................................................................................................

3. Submission date: .............................................................................................................................................

4. Manuscript Title: .............................................................................................................................................

5. Manuscript Identifying Number (if available): ............................................................................................... 

6. I am the corresponding author:                             YES          NO

Section 2. The work under consideration for publication
Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants in general, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Complete - add “X” - each row by type of payment and entity or tick “No”.

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money Paid to Your Institution*</th>
<th>Name of the Entity</th>
<th>Comments**</th>
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<tbody>
<tr>
<td>1. Refund for: travel costs/ accommodation fees for attending</td>
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<td>conferences or meetings focusing on your research, writing or</td>
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<td>reviewing the manuscript, review activities, etc.</td>
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<td>2. Provision of: writing assistance, medicines, equipment, reagents</td>
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<td>for laboratory analysis, or administrative support</td>
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<td>3. Other</td>
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*This means money received from your institution in relation to this study.

**Use this section to provide any other evaluation elements.

Section 3. Relevant financial activities outside the submitted work, in relation to the topic investigated

Report all payments received over the 24 months prior to submission of the work. Complete - add “X” - each row by type of payment and entity or tick “No”.

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<tr>
<th>Type</th>
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<th>Money Paid to Your Institution*</th>
<th>Name of the Entity</th>
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<td>1. Employment</td>
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<td>2. Consultancy</td>
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5. Royalties

6. Stock/stock options

7. Payment (for lecturing at conferences or meetings, writing manuscripts, developing educational presentations)

8. Refund of travel costs/accommodation fees, meeting expenses unrelated to the activities listed here**

9. Other (for the purposes of full disclosure)

*For example, if you report a consultancy above there is no need to report travel costs related to that consultancy on this line.

**Use this section to provide any other evaluation elements.

Section 4. Other causes of conflict

Are there other activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ No, there are no other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

…………………………………………………………………………………………………………………………………………………………....
………………………………………………………………………………………………………………………………………………………….....

At the time of manuscript acceptance, *Biochimica Clinica* shall have the right to:
ask authors to confirm and, if necessary, update their disclosure statements;
ask authors to disclose further information about the reported relationships.
It is up to the Editor in Chief to decide whether or not to make the information provided public.