



Corresponding Author's Declaration Form *Preventive Medicine Reports*



Manuscript title:	
Corresponding author:	
Additional authors in the order provided in the manuscript:	

The corresponding author must provide statements of authorship, originality, conflicts of interest, and research funding on behalf of all authors of the manuscript.

Authorship and Originality:

The corresponding author warrants that all aforementioned authors fulfill the [criteria of authorship](#) as defined by the International Committee of Medical Journal Editors (ICMJE) and explained [here](#). The corresponding author further warrants that the work described in this manuscript has not been published before and is not (nor will be) under consideration elsewhere while under review in *Preventive Medicine Reports*; that all authors approved the present submitted version and their institutions have no objections to the manuscript's contents.

Conflict of interest:

The corresponding author submits the following disclosure of financial or other relationships with companies or organizations that are stakeholders in the topic of the manuscript. For details read this [fact sheet](#). Choose one below:

The authors have no conflicts of interest to disclose
The following authors report specific relationships (name author, nature of the relationship, and company or organization):

Funding source:

All sources of funding that could have influenced or could be perceived to influence the outcome of this work should be acknowledged and you as corresponding author should declare any involvement of study sponsors in the study design; collection, analysis and interpretation of data; the writing of the manuscript; the decision to submit the manuscript for publication. If the study sponsors had no such involvement, this should be stated. Choose one below:

There were no sources of funding that could have influenced the outcome of this work
The following authors report financial support (name author, granting organization, grant number, or company sponsoring the study):

The corresponding author signed this statement on behalf of all coauthors to indicate that the above information is true, correct and complete.

Signature:	Print name:
	Date:

(This form is fillable with adobe software or equivalent. Both graphic and electronic validation signatures via software are acceptable. Alternatively you can sign by hand. Please upload the signed copy with your submission.)