

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

____ New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

____ Change in order of authorship.

____ An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number _____

Manuscript Title _____

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) _____
Name (2) _____
Name (3) _____
Name (4) _____
Name (5) _____
Name (6) _____

Print Name

Name (7) _____
Name (8) _____
Name (9) _____
Name (10) _____
Name (11) _____
Name (12) _____

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) _____	Signature _____	Date _____
Name (2) _____	Signature _____	Date _____
Name (3) _____	Signature _____	Date _____
Name (4) _____	Signature _____	Date _____
Name (5) _____	Signature _____	Date _____
Name (6) _____	Signature _____	Date _____
Name (7) _____	Signature _____	Date _____
Name (8) _____	Signature _____	Date _____
Name (9) _____	Signature _____	Date _____
Name (10) _____	Signature <i>David Ryan</i>	Date _____
Name (11) _____	Signature _____	Date _____
Name (12) _____	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.