

Change of Authorship Form

(Must be completed and signed by ALL authors)

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____ 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 _____

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Former Authorship

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

Print Name

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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 <i>Keith L Keene</i>	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 _____	Date _____
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