AUTHORSHIP and DISCLOSURE DECLARATIONS

Manuscript Author(s): _________________________________________________________________

Title of Manuscript: ________________________________________________________________

Are you the corresponding author?  ☐ Yes  ☐ No

Each author of a manuscript should read and sign this form on authorship requirements, financial disclosures, and copyright transfer or federal employment (parts 1–3). The corresponding author should also read and sign the statements on commercial support and acknowledgments (parts 4–5). Please submit one form per author.

1. Authorship Requirements
   - “I certify that I have participated sufficiently in the manuscript to take public responsibility for the content.
   - I certify that (a) I have made substantial contributions to the conception and design of the manuscript, or acquisition of data, or analysis and interpretation of data; (b) I have made substantial contributions to drafting the manuscript or revising it critically for important intellectual content; and (c) I have given my final approval of the version of the manuscript to be published. (Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.)
   - I certify that this manuscript has not been published elsewhere.
   - I understand that any information listed below will be published with the manuscript if accepted for publication.”

2. Financial Disclosures
The following section asks for disclosures of financial interests and relationships with commercial interests in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote. The Accreditation Council for Continuing Medical Education (ACCME) defines a financial interest as an interest in any amount, and a commercial interest as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.”

For more information about this policy, visit https://www.iasusa.org/about/program-development-policy. For more information on ACCME Standards for Commercial Support, visit http://www.accme.org/publications/accme-standards-for-commercial-support, or for frequently asked questions, visit http://www.accme.org/faq. Parts of this form are adapted from the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest.

Check one or both of the following options and skip to Part 3, OR fill out the rest of the form per the instructions below:

☐ I have completed a Financial Disclosure Declaration and Copyright Assignment form for another IAS–USA department within the past 3 months, and I confirm that my financial disclosure information has not changed.

☐ My financial disclosure statement is included in the attached manuscript, and I confirm that it is an accurate description of my current financial relationships with any relevant commercial interests.
Report all sources of revenue paid (or promised to be paid) directly to you or to your institution on your behalf. The time frame is the 12 months preceding submission of the work. Checking “No” throughout means you did the work without receiving any financial support from any third party—that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds to support the work from a third party, such as a government granting agency, charitable foundation, or commercial sponsor, check “Money paid to you” or “Money to your institution.” Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, to your institution, or both. This should include all monies from sources with relevance to the work, not just monies from the entity that funded the research or activity. Please note that your interactions with the work’s funder that are outside the submitted work should also be listed here. If unsure, it is usually better to disclose a relationship than not to do so. For grants you have received for work outside the submitted work, you should disclose support only from entities that could be perceived to be affected financially by the work, such as drug companies or foundations supported by entities that could be perceived to have a financial stake in the outcome. That is, for work outside the submitted work, public funding sources, such as government agencies, charitable foundations, or academic institutions, need not be disclosed.

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>No</th>
<th>Money paid to you</th>
<th>Money to your institution</th>
<th>Name of entity(ies)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board membership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulting or advising fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expert testimony</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees for participation in review activities, eg, data monitoring boards,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>statistical analysis, or end point adjudication committees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants/grants pending</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patents (planned, pending, or issued)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment directly from commercial firms for lecture(s), including service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on speakers’ bureaus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Payment for development of educational presentations

Payment for preparing or reviewing the manuscript

Provision of writing assistance, medicines, equipment, or administrative support

Royalties

Stock/stock options

Other (err toward full disclosure)

If more space is needed, please attach an additional sheet.

Does your spouse/partner have any of the above activities to declare?  □ Yes (describe below)  □ No

3. Assignment of Copyright

All manuscript authors please check the applicable statement below:

□ “I hereby transfer, assign, or otherwise convey all copyright ownership of this manuscript, including any and all rights incidental thereto, exclusively to the International AIDS Society–USA in the event that such work is published by the International Antiviral Society–USA.”

□ US Federal Employees: “I was an employee of the US Federal government when this work was conducted and prepared for publication; therefore, it is not protected by the Copyright Act and there is no copyright, thus ownership cannot be transferred.”

My signature below indicates my understanding that I am responsible for the accuracy and completeness of the above financial declaration information and that I meet the authorship requirements described above.

AUTHOR SIGNATURE ________________________________ Date ________________

Print Name ________________________________

4. Commercial Support

Was a commercial entity (eg, editing firm, communications firm, publishing company, pharmaceutical company) involved in the development of this manuscript/submission?  □ Yes  □ No
If yes, please list the name(s) and location(s) (city and state) of the entity: __________________________________________

Please indicate the nature of the involvement by the entity (check all that apply):

- Editorial assistance with manuscript
  - Yes ☐  No ☐

- Logistical coordination of author communications
  - Yes ☐  No ☐

- Payment of honoraria to authors
  - Yes ☐  No ☐

- Payment of travel or other expenses to authors (e.g., if the development of the manuscript involved travel or meetings)
  - Yes ☐  No ☐

- Other—please describe: ________________________________________________________________

Did the company or its agents or representatives, not listed as authors or listed in an Acknowledgments section, perform any of the following functions as pertaining to the manuscript? (Check any that apply.)

- Select or invite authors or contributors
  - Yes ☐  No ☐

- Develop manuscript drafts
  - Yes ☐  No ☐

- Perform data analysis
  - Yes ☐  No ☐

- Review or edit the manuscript at any stage
  - Yes ☐  No ☐

- Attend any meetings (including conference calls) of authors or contributors
  - Yes ☐  No ☐

5. Acknowledgments
   • “I certify that all individuals named in the Acknowledgments section or elsewhere (e.g., in a personal communication citation) in the manuscript have provided me with written permission to be named.”

CORRESPONDING AUTHOR SIGNATURE ____________________________ Date ______________

Print Name ____________________________________________________________

Please mail to:

Topics in Antiviral Medicine
International Antiviral Society—USA
131 Steuart St, Suite 500
San Francisco, CA 94105

Please mail to: