

## Conflict of Interest Disclosure Form

It is the policy of the Medical Journal of Malaysia (MJM) to ensure all authors disclose to the readers any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the article.

It is intended that any potential conflict (financial or otherwise) should be identified openly so that the readers may form their own judgement about the article with the full disclosure of the facts. Authors must state all their sources of funding and any other financial and personal relationships that might bias their work. It is for the readers to determine whether the authors' outside interest may reflect a possible bias in either the exposition of the conclusions presented. The editors reserve the right not publish if a sponsor asserted control over the authors' right to publish their results.

All authors need to complete and submit this form when submitting a manuscript. **Disclosures and signatures from all authors on one form is preferred.** If this is not possible, however, separate forms will be accepted.

Article title:

---

---

*Please note that a conflict of interest statement is published with each paper and must be inserted in your text document right before the reference list.*

I/we certify that there is no actual or potential conflict of interest in relation to this article.  
(Please print names)

(1 <sup>st</sup> author):	Signature:	Date:
(2 <sup>nd</sup> author):	Signature:	Date:
(3 <sup>rd</sup> author):	Signature:	Date:
(4 <sup>th</sup> author):	Signature:	Date:
(5 <sup>th</sup> author):	Signature:	Date:
(6 <sup>th</sup> author):	Signature:	Date:
(7 <sup>th</sup> author):	Signature:	Date:
(8 <sup>th</sup> author):	Signature:	Date:

Article title:

---

---

I/we disclose the following potential conflicts (describe financial interest/arrangement with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this article):

Conflict:

---

---

Print Name(s):

Signature(s):

Date:

---

Conflict:

---

---

Print Name(s):

Signature(s):

Date:

---

Conflict:

---

---

Print Name(s):

Signature(s):

Date:

---

Conflict:

---

---

Print Name(s):

Signature(s):

Date:

---

(Use additional pages, if needed.)

Please upload this form together with your manuscript at online submission. All authors must use this form to disclose conflicts of interest or to attest to no conflicts of interest before your manuscript will be further consider