

American Association for Cancer Research: Conflict of Interest Disclosure


Journal _____

Manuscript number _____

Author's name _____

AUTHORS: Complete this form ONLY as it relates to the manuscript you are currently submitting

- Cite by company name or other description, all commercial and/or financial relationships within the past 3 years that may be relevant *to the topic of the manuscript* and might be perceived as a real or potential conflict of interest.
- “*Relevant*” means that the relationship involves the same or similar subject matter; the same, similar or competing drug or device, product or service, intellectual property or asset; or has the potential to result in financial, professional or other personal gain or loss for you or an immediate family member (spouse or child).
- A “*major*” relationship is defined as one in which you personally received \$10,000 or more during any 12-month period, or you own the equivalent in voting stock or share of the entity.
- A “*minor*” relationship is defined as one in which you personally received an amount less than \$10,000 during any 12-month period, or you own the equivalent in voting stock or share of the entity.
- **IF THERE IS NO RELATIONSHIP RELEVANT TO THE MANUSCRIPT'S SUBJECT, INDICATE “NONE” IN THE APPROPRIATE CATEGORIES ON THE CHART (NEXT PAGE).**

NOTE: In order to save this form for submission, with manuscript files, in SmartSubmit you must have Adobe Acrobat Reader 9.0 or higher. You can download a free version at  <http://www.adobe.com/products/acrobat/readstep2.html>


Conflict of Interest Disclosure Form

Relevant Relationship	Major: \$10,000 or more (name of entity)	Minor: < \$10,000 (name of entity)	None
Employment (other than primary affiliation, e.g., consulting)			
Commercial Research Grant			
Other Commercial Research Support			
Honoraria from Speakers Bureau			
Ownership Interest (including patents)			
Consultant/ Advisory Board			
Other (e.g., expert testimony—please be specific)			

Please attach any additional details as necessary.

I confirm that the information reported above is accurate. I understand that this information will be disclosed publicly. The AACR reserves the right to decline to publish my work if the Association believes a serious conflict of interest exists. I understand that failure to complete this form will disqualify my manuscript from consideration for publication. *Failure by any author to disclose a conflict that later comes to light will result in a ban on that author publishing in any AACR journal for a period of 3 years.*

Author's Name _____

Signature _____  _____ **Date** _____