



# PUBLISHING AGREEMENT FORM

Given Name (First Name)

Surname (Last Name)

Date

Manuscript Title:

  
  

Manuscript Number:

First Author Name:

This is an agreement under which you, the author, agree that the article has been produced in accordance with our standards on ethical publishing and that you assign copyright in your article to Family Medicine and Community Health, Chinese General Practice Press to allow us to publish your article, including abstract, tables, figures, data, and supplemental material hosted by us, as the Version of Record (VoR) in the journal for the full period of copyright throughout the world, in all forms and all media, subject to the Terms & Conditions below.

Please read this agreement carefully, complete it, and return a copy to us by email, fax, or hard copy immediately, to avoid any delay in the publication of your article.

The signee ensures that they are acting on behalf of and with the unanimous approval of all relevant authors.

Our contact details are as follows:

**Editorial Office:** Family Medicine and Community Health, A907 Guangyi Building, 5 Guangyi Street, Xicheng District, Beijing 100053, China

**Tel.:** +86 10 8311 5298

**Fax:** +86 10 8311 6270

**Email:** [office@fmch-journal.org](mailto:office@fmch-journal.org)

## AUTHORSHIP



(See our "Policy on Authorship" on the Author Information page, [www.fmch-journal.org](http://www.fmch-journal.org))

I have participated sufficiently in the conception and design of the study, acquisition of data, or analysis and interpretation of the data, as well as the writing of the manuscript, to take public responsibility for the manuscript. I can vouch for the accuracy and completeness of all of the data reported in the manuscript.  Yes  No

I believe the manuscript represents valid work.  Yes  No

I have reviewed the final version of the manuscript and approve it for publication.  Yes  No

Neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, unless described in an attachment to this statement.  Yes  No

\_\_\_\_\_  
Your signature ([Click here](#) for help)

Date signed



## TRANSPARENCY



I confirm that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

\_\_\_\_\_  
Your signature ([Click here](#) for help)

\_\_\_\_\_  
Date signed

## HUMAN AND ANIMAL SUBJECT PROTECTIONS



If your study involved Human or Animal subjects please answer the relevant questions below:

This study was approved or exempted by the appropriate institutional human and/or animal subject review committees. This approval or exemption is stated in the Methods section of the article.  Yes  No

Informed consent was obtained from any human participants in this research.  Yes  No

\_\_\_\_\_  
Your signature ([Click here](#) for help)

\_\_\_\_\_  
Date signed

## ACKNOWLEDGMENT STATEMENT



This corresponding author certifies that:

- all persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, or writing or editing assistance) but who do not fulfill the authorship criteria are named with their specific contributions in the Acknowledgment section in the manuscript.
- all persons named in the Acknowledgments have provided written permission to be named.
- if an Acknowledgment section is not included, no other persons have made substantial contributions to this manuscript.

\_\_\_\_\_  
Your signature ([Click here](#) for help)

\_\_\_\_\_  
Date signed



# ASSIGNMENT OF COPYRIGHT



Please select the option which identifies your situation below, please tick **either** box A, B or C, **only one selection is allowed**

**A I own copyright, and I am assigning copyright in my article to Family Medicine and Community Health, Chinese General Practice Press**

In the case of a multi-authored article, I confirm that I am authorized by my co-authors to make this assignment as their agent on their behalf. The co-authors have agreed the priority of the assertion of copyright and the order of names in the publication of the article.

**B I own copyright, and I wish to publish under a CC-BY License**

I wish to publish under Creative Commons Attribution 4.0 International (CC BY 4.0 <http://creativecommons.org/licenses/by/4.0/>). I understand that the CC BY license permits commercial and non-commercial re-use of an open access article, as long as the original author and source are properly attributed.

**C My Employer or Funder owns copyright**

I am a civil servant or an employee of a Government, Government Agency, International Organization, or Commercial Corporation that is granting a non-exclusive licence to publish the article and which hereby recognizes Family Medicine and Community Health as the sole licensee for the publication of the final, definitive, and citable Version of Record (VoR). In the case of a multi-authored article, I confirm that I am authorized by my co-authors to enter into this licence as their agent on their behalf. The co-authors have agreed the priority of the assertion of copyright and the order of names in the publication of the article.

If you have ticked C, please indicate which of the statements below apply to you (and your co-authors):

- I am an employee of the UK, Canadian, Australian, or another Commonwealth Realm Government, and the Crown retains and asserts copyright.
- I am a US Government (including NIH) employee and there is no copyright to transfer.
- I am a contractor of the US Government (includes NIH contractors) under contract number:
- I am an employee of the European Commission and copyright is asserted and retained by the European Union.
- I am an employee of the World Bank and copyright is asserted and retained by that entity.
- I am an employee of the Food & Agricultural Organization and copyright is asserted and retained by that entity.
- I am an employee of a Government, Agency, or International Organization and copyright is retained by that entity. Name of entity:
- I am employed and the copyright belongs to my employer (or is a 'work made for hire' under US law). Name of corporation:

1. I/We submit to Family Medicine and Community Health the above manuscript. I/We certify that the work reported here has not been published before and contains no materials the publication of which would violate any copyright or other personal or proprietary right of any person or entity.
2. I/We hereby agree that (1) no part of the Article is copied from any other work, (2) I/We have obtained ALL the permissions required (for print and electronic use) for any material you have used from other copyrighted publications in the Article; and (3) I/We have exercised reasonable care to ensure that the Article is accurate and does not contain anything which is libellous, or obscene, or infringes on anyone's copyright, right of privacy, or other rights. The benefit of any warranties given by the Author may be enforced by the publisher of the Journal.

Print or Type Name:

Signature   
(Click here for help)

Date

The signee ensures that they are acting on behalf of and with the unanimous approval of all relevant authors.



## FMCH Form for Disclosure of Potential Conflicts of Interest.

Family Medicine and Community Health has fully adopted the International Committee of Medical Journal Editors (ICMJE) Conflict of Interest form.

### Instructions



The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1 Identifying information

#### 2 The work under consideration for publication

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that 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 from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3 Relevant financial activities outside the submitted work

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, 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 published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4 Intellectual Property

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5 Relationships not covered above

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

##### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



FMCH Form for Disclosure of Potential Conflicts of Interest.

Family Medicine and Community Health has fully adopted the International Committee of Medical Journal Editors (ICMJE) Conflict of Interest form.

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
4. Are you the corresponding author? 5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Table with 6 columns: Name of Institution/Company, Grant?, Personal Fees?, Non-Financial Support?, Other?, Comments

Section 3. Relevant financial activities outside the submitted work

Place a check in the appropriate boxes in the table to indicate where you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity. You should report relationships that were present during the 36 months before publication.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Table with 6 columns: Name of Entity, Grant?, Personal Fees?, Non-Financial Support?, Other?, Comments



**FMCH Form for Disclosure of Potential Conflicts of Interest.**

Family Medicine and Community Health has fully adopted the International Committee of Medical Journal Editors (ICMJE) Conflict of Interest form.

**Section 4. Intellectual Property – Patents & Copyrights**  

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No  
If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued	Licensed	Royalties	Licensee	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Section 5. Relationships not covered above**  

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, we will ask you to confirm and, if necessary, update your disclosure statements. On occasion, we may ask you to disclose further information about reported relationships.

**Section 6. Disclosure Statement**  

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

**Evaluation and Feedback**  

Please visit <http://fmch-journal.org/manuscript-preparation/feedback/> to provide feedback on your experience with completing this form.