

# Change of Authorship Request Form 1/3

Use this form to make changes to the list of authors in a submitted manuscript

**Please provide the current information for the manuscript in question:**

Manuscript # \_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT Authors list** (Please provide current list in the order shown in manuscript)

Author #	First Name(s)	Last Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

**Justification for Change:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Change of Authorship Request Form 2/3

Use this form to make changes to the list of authors in a submitted manuscript

**PROPOSED Authors list** (Provide new list in the order that it should appear in manuscript)

Author #	First Name(s)	Last Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

## Change of Authorship Request Form 3/3

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### DECLARATION OF AGREEMENT

#### ATTENTION

***ALL authors, unchanged, added, or removed, MUST sign this declaration.***

"I agree to the proposed new authorship shown above, and the change as indicated below"

NC- Unchanged, Add – Author being added, Removed – Author being removed

#	First Name(s)	Last Name	NC	Add	Removed	Signature	Date
			<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"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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			<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"/>		

Signature: ..... Date: .....

