

INSTRUCTIONS FOR FILLING OUT AUTHORSHIP FORMS

Manuscript Title

Fill in Manuscript title AND MANUSCRIPT NUMBER

Authorship Responsibility, Criteria, and Contributions

1A & 1B - each has a box to check

1C - check at least one

1D1, 2, & 3 - check at least one box in each section

At the end of section 1 - sign and date and then print your name

Data Access and Responsibility

2 - sign and date

Financial Disclosure

3 - check the box if you have no relevant financial interests in the manuscript. If there are financial interests, please provide an explanation on a separate piece of paper.
sign and date

Acknowledgment Statement

4 – sign and date (must be signed by corresponding author – optional for other authors)

Copyright (sign and date only the ONE that applies – NOT BOTH)

Copyright Transfer/Publishing Agreement – sign and date

OR

Federal Employees – only sign and date if you are/were a US federal employee at the time the work was investigated and prepared.

Authorship Responsibility, Financial Disclosure, Acknowledgment, and Copyright Transfer/Publishing Agreement

Each author must read and sign (1) the statement on authorship responsibility, criteria, and contributions; (2) the statement on data access and responsibility; (3) the statement on financial disclosure and the copyright transfer or federal employment statement. In addition, the corresponding author must sign (4) the acknowledgment statement. Photocopy this form to distribute to coauthors for their signatures.

Manuscript No. _____

Manuscript Title _____

Your name (print or type) _____

Phone _____ Fax _____

E-mail _____

1. Authorship Responsibility, Criteria, and Contributions.

Each author should meet all criteria below (A, B, C, and D) and should indicate general and specific contributions by reading criteria A, B, C, and D and checking the appropriate boxes.

A. I certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in an attachment; and if requested by the editors, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees; and for papers with more than 1 author, I agree to allow the corresponding author to serve as the primary correspondent with the editorial office, to review the edited typescript and proof, and to make decisions regarding release of information in the manuscript to the media, federal agencies, or both; or, if I am the only author, I will be the corresponding author and agree to serve in the roles described above.

B. I have given final approval of the submitted manuscript.

C. I have participated sufficiently in the work to take public responsibility for (check 1 of 2 below)

- part of the content.
 the whole content.

D. To qualify for authorship, you must check at least 1 box for each of the 3 categories of contributions listed below. I have made substantial contributions to the intellectual content of the paper as described below.

1. (check at least 1 of the 3 below)

- conception and design
 acquisition of data
 analysis and interpretation of data

2. (check at least 1 of 2 below)

- drafting of the manuscript
 critical revision of the manuscript for important intellectual content

3. (check at least 1 below)

- statistical expertise
 obtaining funding
 administrative, technical, or material support
 supervision
 no additional contributions
 other (specify)

Your Signature

Date Signed

2. **Data Access and Responsibility.** For reports containing original data at least 1 author who is independent of any commercial funder (eg, the principal investigator) should indicate that he or she had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. For industry-sponsored studies, the data analysis should be con-

ducted by statisticians in an academic center, rather than only by statisticians employed by the company sponsoring the research.

Your Signature

Date Signed

3. Financial Disclosure.

I certify that all financial and material support for this research and work are clearly identified in the manuscript.

I certify that all my affiliations with or financial involvement (eg, employment, consultancies, honoraria, speakers bureau, stock ownership or options, expert testimony, grants or patents received or pending, royalties, or donation of medical equipment) with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript are completely disclosed below or in an attachment.

I have no relevant financial interests in this manuscript.

Your Signature

Date Signed

4. **Acknowledgment Statement.** Authors should obtain written permission from all individuals named in the acknowledgment, since readers may infer their endorsement of data and conclusions. The corresponding author must sign the following statement:

• I certify that all persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, writing or editing assistance) but who do not fulfill the authorship criteria are named along with their specific contributions in an acknowledgment in the manuscript. If an acknowledgment section is not included, no other persons have made substantial contributions to this manuscript.

• I certify that all persons named in the acknowledgment section have provided me with written permission to be named.

Your Signature

Date Signed

Copyright Transfer/Publishing Agreement. In consideration of the action of the American Medical Association (AMA) in reviewing and editing this submission (manuscript, tables, figures, videos, audio, and other supplemental files for publication), the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to the AMA, in the event that such work is published by the AMA.

Your Signature

Date Signed

Federal Employment. 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 copyright ownership cannot be transferred.

Your Signature

Date Signed

Return the signed forms to Paul A. Levine, MD, *Archives of Otolaryngology-Head & Neck Surgery*, 183 Tuckahoe Farm Ln, Charlottesville, VA 22901; telephone (434) 960-9202, -9203, or -9204; fax (434) 973-3454.