



# Lumina Quest Publishing

## CONFLICT OF INTEREST (COI) DISCLOSURE FORM

### LQ Publishing

Journal Name:	
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### SECTION 1: AUTHOR INFORMATION

First Name:	
Last Name:	
Email:	
Date:	

I am the Corresponding Author

I am NOT the Corresponding Author

If not corresponding author, name of corresponding author:

### SECTION 2: MANUSCRIPT DETAILS

Manuscript Title:

Manuscript ID

### SECTION 3: FUNDING / SUPPORT FOR THIS WORK

Did you or your institution receive any financial support or services from a third party (government, private organization, company, etc.) for this study?

YES

NO

If YES, provide details:

Source	Type of Support (Grant / Fees / Equipment / etc.)	Comments





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## SECTION 4: FINANCIAL RELATIONSHIPS (LAST 36 MONTHS)

Do you have any financial relationships relevant to this work?

YES

NO

If YES, fill below:

Entity Name	Grant	Personal Fees	Non-Financial Support	Other	Comments

## SECTION 5: INTELLECTUAL PROPERTY (PATENTS / COPYRIGHTS)

Do you have any patents related to this work?

YES

NO

If YES:

Patent	Pending	Issued	Licensed	Royalties	Comments

## SECTION 6: OTHER RELATIONSHIPS

Are there any other relationships or activities that could be perceived as a conflict of interest?

YES

NO

If YES, explain:

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## FINAL DECLARATION

I hereby declare that all the information provided above is accurate and complete. I understand that failure to disclose relevant conflicts of interest may result in rejection or retraction of the manuscript.

<b>Author Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

