

TOP THE ONCOLOGY PHARMACIST®

For In-Office Dispensing Pharmacists, Board Certified Oncology Pharmacists, Pharmacy Directors, and P&T Committee Members™

AUTHOR DISCLOSURE FORM

Amplity Health

Each author must complete this form, even if you do not have anything to disclose. Please disclose any potential conflict of interest or financial interest with any pharmaceutical manufacturer, medical device company, or with any product or service that may suggest a conflict of interest, including employment, grants, gifts, stock holdings, and honoraria.

The corresponding author should replicate this form and submit a completed, signed form for each author. A brief disclosure statement will be published with the article.

Manuscript Title: _____

Please indicate the name of the company and type of relationship in detail, such as, but not limited to, consulting, research/grant support, honoraria, speaker's bureau, employment, stocks, gifts, etc.

Company

Relationship

_____ I have no conflict of interest or financial interest with any pharmaceutical manufacturer, medical device company, or any product/service that may suggest a conflict of interest (employment, grants, gifts, stock holdings, honoraria).

Author's Full Name and Degree

Signature

Date

Please return this form by e-mail: Katharine.Brzozowski@amplity.com