AUTHORS' COPYRIGHT ASSIGNMENT AND RELEASE

American Journal of Rhinology & Allergy

OceanSide Publications, Inc.
95 Pitman St.
Providence, RI 02906 USA

(Each author listed on the title page must complete and return this form at the time of manuscript submission.)

In consideration of OceanSide Publications, Inc. ("OceanSide") evaluating the manuscript, including all tables, graphs, and photos which form a part thereof, entitled,
_____
_____,

(Manuscript number # AJRA_____) , hereafter referred to as the "Work," for publication in the ***American Journal of Rhinology & Allergy***, the undersigned author(s) hereby grant and assign to OceanSide Publications, Inc. ("OceanSide") the entire copyright, under United States and international law, in and to the Work. This includes the exclusive right to publish, republish, reproduce, prepare derivative works of, transmit, sell, distribute copies, by sale or otherwise, renew copyright in, perform, and display the Work in all languages and forms of media worldwide, and to license or permit others to do so, effective if and when it is accepted for publication in *the American Journal of Rhinology & Allergy.*

The authors hereby represent and warrant by their signature below that (i) all portions of the Work are either our own original creations or material for which we have obtained all necessary consents for the use, distribution, and publication of such materials; (ii) the content of the Work is accurate to the best of our knowledge and does not violate any copyright, proprietary or personal rights of others; (iii) the materials, including photographs, that are part of the Work do not identify, by name or otherwise, suggest the identity of, or present a recognizable likeness of any patient or others; or, if they do, we have obtained all necessary consents from patients and others for the further use, distribution, and publication of such materials; (iv) the Work does not contain anything libelous or illegal, and does not infringe on the rights (including the copyright, patent or trademark rights) or the privacy of others; (v) the Work, nor a similar manuscript, has not previously been published (except in abstract form); and is not currently under consideration by another journal and (vi) we have not granted other parties any rights in or to the Work, which are inconsistent with the rights herein granted to OceanSide; this Work is not currently under consideration by another journal and we will not submit the Work for publication elsewhere while it is under consideration by *The American Journal of Rhinology & Allergy*. We hereby acknowledge that OceanSide will be relying on this Authors' Copyright Assignment and Release if the Work is published.

If the work was prepared jointly, it is our responsibility, as authors, to inform all co-authors of the terms of this agreement and that they must also sign this agreement. If the Work was written by an author in the course of the author's employment, the employer/company (Institution) has been informed of the terms of this agreement by the author. In such case, by the signature below, the author, acting as an agent of the employer/company (Institution), conveys the employer's/company's (Institution's) assignment to OceanSide, of all copyright in and to the Work for the full term of the copyright throughout the world as specified in the paragraph above.

The authors understand and acknowledge that OceanSide undertakes no obligation to publish the Work. If it is published, OceanSide will acknowledge our participation, but we will receive no compensation and no other benefit with respect to the Work. OceanSide shall return all rights herein granted by the authors upon written request if the Work is not published within eighteen (18) months of the date of this Authors' Copyright Assignment and Release.

Note: The Editor may refuse to consider manuscript submissions from any author who has previously had a manuscript rejected by the AJRA for reasons of plagiarism, undisclosed conflicts-of-interest, inappropriate authorship, fraud, or duplicate publication.

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____

Authors on multi-authored manuscripts have the option of submitting this agreement individually; however the review process will not commence until all signatures are received. Forms may be mailed to the above address, emailed, or faxed to the number below.

FAX: 401-331-0223
Email : compliance@oceansidepubl.com

American Journal of Rhinology & Allergy

Oceanside Publications ~ 95 Pitman Street ~ Providence RI 02906
Phone (401) 331-2510 Fax (401) 331-0223
e-mail: compliance@oceansidepubl.com

Conflict of Interest

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. Please note the Journal seeks only information which relates to your manuscript. If your manuscript is accepted for publication, your relevant disclosures will be published as a footnote. **Please indicate 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. This support may include grants, consulting fees, honorariums, travel reimbursement, fees for manuscript data review or writing and provision of writing assistance, medicines, equipment, or administrative support. **Please report all sources, relevant to the submitted work, 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 support may include board memberships, consultancies, employment, expert testimony, grants, speaker's bureaus, payment for manuscript preparation, patents, royalties, creation of educational pieces, stocks, stock options, and other support. Please do not provide disclosure regarding sources which do not have relevance to the submitted work. **Please report 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 pharmaceutical 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. Finally, **please 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.

Name of Author: _____

Address: _____

_____

Manuscript Title: _____

Manuscript #: _____

Check One:

( ) I have no actual or potential conflict of interest in relation to this paper.

Signature:_____ Date:_____

----------**OR**----------

( ) I have a financial interest/arrangement or affiliation with one or more organization(s) that could be perceived as a real or apparent conflict of interest in the subject of this paper. **Please complete the attached Conflict of Interest worksheet with all information RELEVANT to the work submitted**.

Note: Each author listed on the title page must complete and return this form prior to publication.

Paperwork may be submitted via email to compliance@oceansidepubl.com
OR faxed to (401) 331-0223
OR uploaded as a supplement file to your manuscript via http://ajr.msubmit.net
OR mail to:
OceanSide Publications, Inc.
95 Pitman Street
Providence, RI 02906 USA
Phone 401.331.2510
Fax 401.331.0223
E-mail compliance@oceansidepubl.com

American Journal of Rhinology and Allergy

Oceanside Publications ~ 95 Pitman Street ~ Providence RI 02906
Phone (401) 331-2510 Fax (401) 331-0223
e-mail: compliance@oceansidepubl.com

Conflict of Interest Worksheet

Author name: _____ Manuscript #: AJRA _____

Section 1: Potential Conflicts of Interest related to the work under consideration for publication:

Type	Provided to you or your institution*	Name of Entity	Comments
1. Grant			
2. Consulting fee or honorarium			
3. Support for travel to meetings for the study or other purposes			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			
5. Payment for writing or reviewing the manuscript			
6. Provision of writing assistance, medicines, equipment, or administrative support			
7. Other			

*Simply place an "X". Do not provide dollar amounts.

Section 2: Relevant financial activities outside the submitted work

Type of Relationship	Provided to you or your institution*	Name of Entity	Comments
1. Board membership			
2. Consultancy			
3. Employment			
4. Expert testimony			
5. Grants/grants pending			
6. Payment for lectures including service on speakers bureaus			
7. Payment for manuscript preparation			
8. Patents (planned, pending or issued)			
9. Royalties			
10. Payment for development of educational presentations			
11. Stock/stock options			
12. Travel/accommodations/meeting expenses unrelated to activities listed**			
13. Other (err on the side of full disclosure)			

*Simply place an "X". Do not provide dollar amounts.

Section 3: Other relationships

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, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.