

**MANUSCRIPT SUBMISSION FORM**

**Manuscript Information**

Journal name:

Date of submission:

Manuscript type (*e.g*., Research Article, Research Report, Review, *etc*.):

Title:

Author(s):

General scientific area (*e.g*., therapeutics, imaging, biosensors, *etc*.):

Estimated number of words:

(excluding Title Page and References)

Number of figures (including supplementary figures):

Number of tables (including supplementary tables):

**Contact Information**

Corresponding author(s):

Business/Institutional address:

Email:

Telephone:

**Authorship Information**

**Please list the email addresses of ALL manuscript authors below:**

**AUTHORSHIP & CONFLICTS OF INTEREST FORM**

Journal:

Manuscript title:

Author(s):

**The corresponding author(s) confirm(s) on behalf of all authors of the manuscript that:**

1. All authors agree to the contents of the manuscript and its authorship.

2. Neither the whole nor any part of this manuscript has been published previously in any language in a permanent archive, nor is it under consideration for publication by another journal.

3. None of the suggested referees have acted as a research collaborator of any of the manuscript authors in the past two years.

4. The manuscript does not infringe anyone’s copyrights or any other rights.

5. No copyrighted material has been included in the manuscript, except with the written permission of the copyright owner(s).

6. All authors have followed all ethical and legal guidelines when pursuing the presented research, especially where research involved human/animal subjects or cloning.

7. Any unpublished data are included in the manuscript with the written permission of the provider(s) of the information.

8. The authors confirm that they have sufficient funds to cover any publication charges.

Print Name: Signature:

Date:

**Statement of Competing Interests**

(Delete as appropriate)

The authors have no competing interests.

The authors declare the following competing interest(s) (use additional pages if required):

Print Name: Signature:

Date:

**Potential Referees**

**Please suggest *at least six* potential referees of your manuscript. This will expedite the review process.**

**Referee 1:**

Name:

Institution:

Email:

Telephone:

**Referee 2:**

Name:

Institution:

Email:

Telephone:

**Referee 3:**

Name:

Institution:

Email:

Telephone:

**Referee 4:**

Name:

Institution:

Email:

Telephone:

**Referee 5:**

Name:

Institution:

Email:

Telephone:

**Referee 6:**

Name:

Institution:

Email:

Telephone: