AUTHOR STATEMENT

Manuscript Number (if known):

Manuscript Title:

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(Each Author Must Complete)

You MUST CHECK at least one box in Categories 1 and 2 to be listed as an author of the manuscript

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Updated 9/18
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- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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1. Given Name (First Name)  
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4. Are you the corresponding author?  
   - Yes  
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