LIBYAN JOURNAL OF DENTISTRY

Author Resources

Conflict of Interest Disclosure

To be completed and signed by every author at submission

Purpose. This form collects individual conflict-of-interest (COI) declarations from every author of a manuscript submitted to the Libyan Journal of Dentistry (LJD). It must be completed at the time of submission and signed by every named author. A separate form is required for each submission. Manuscripts will not enter peer review until a fully signed Conflict of Interest Disclosure has been received by the editorial office. This form complements the Author Declaration Form (which covers broader ethical commitments) and the Author Contribution Form (which records each author's specific research contributions).

1. Manuscript Identification

Manuscript title:	
Manuscript ID (if assigned):	
Date of submission:	
Corresponding author:	

2. Categories of Conflict of Interest

A conflict of interest exists when an author has a financial or personal relationship that could directly or indirectly influence, or be perceived to influence, their work. The table below lists the categories that must be disclosed. Disclose all interests within the **past three years** that could relate to the subject of the manuscript, regardless of whether you believe the relationship actually influenced the work.

Category	Examples
Employment	Current or recent (within 3 years) employment by any organisation with a financial interest in the subject of the manuscript.
Consultancy	Paid consulting services for any organisation with a financial interest in the subject of the manuscript, within the past 3 years.

Category	Examples
Equity / stock	Stock, share options, or other equity interest in any company related to the subject of the work.
Honoraria	Payment for lectures, presentations, speaker bureaux, or educational events related to the subject.
Expert testimony	Payment for providing expert testimony in legal proceedings relevant to the subject of the work.
Patents	Issued or pending patent applications related to the subject of the manuscript, whether held by the author or their institution.
Grants / funding	Financial support (grants, contracts, gifts, equipment, drugs) from any organisation with a financial interest in the subject.
Non-financial	Personal or professional relationships, academic rivalry, or other circumstances that could be perceived as influencing the work, including institutional or political affiliations.

3. Individual Conflict of Interest Declarations

Each author must complete one row in the table below. In the *Description column*, provide enough detail for the Editor-in-Chief to assess the nature and extent of any interest — for example: "Received research grant from Company X (grant no. 12345) for work on dental implants, 2023." Where no conflict exists, write "None" in the description column and "No" in the COI column. Where more than 6 authors are listed, attach an additional sheet using the same format.

#	Full name (as on manuscript)	Any COI? (Yes / No)	Description of interest(s) — or write "None"
1			
2			
3			
4			
5			
6			

4. Funding Statement

All sources of financial support for this research and for the preparation of the manuscript must be disclosed below, whether or not they constitute a conflict of interest. Include grant numbers where applicable. If the work received no external funding, state this explicitly.

Funding source(s):

Role of funder(s) in the study (tick if applicable):

☐ Study design ☐ Data collection ☐ Data analysis ☐ Writing ☐ Decision to submit ☐ No role

5. Author Declarations

By signing this form in Section 6, each author confirms the following:

☐ I have read and understood the Libyan Journal of Dentistry conflict-of-interest policy.

☐ I have disclosed all actual, potential, or perceived conflicts of interest that relate to this manuscript in Section 3 above.

☐ I have disclosed all sources of funding for this research in Section 4 above.

☐ If no conflicts of interest exist, I have explicitly stated "None" in my row in Section 3.

☐ I agree to notify the editorial office immediately if any new conflict of interest arises before publication.

☐ I understand that failure to disclose a material conflict of interest may result in rejection of the manuscript, retraction of a published article, and/or a ban from future submission to LJD.

6. Signatures of All Authors

Every named author of this manuscript must sign below. Electronic signatures are accepted. By signing, each author confirms that their disclosures in Section 3 are complete and accurate.

#	Name (printed)	Signature	Date
1			
2			
3			
4			
5			
6			

If your manuscript has more than 6 authors, attach an additional sheet using the same format. The corresponding author is responsible for collecting all signatures before submission.

Submission: Return this completed and signed form to library.dent@uob.edu.ly or upload it as a supplementary file when submitting via the LJD online system. Manuscripts will not be sent for peer review until a fully signed Conflict of Interest Disclosure Form has been received from all listed authors.