

ICMJE DISCLOSURE FORM

Date: 8/11/2025

Your Name: Dr Savitha D

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



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Date: 8/11/2025

Your Name: Dr Mathangi Krishnakumar

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Signature:

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Date: 8/11/2025

Your Name: Prem Pais

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

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Date: 8/11/2025

Your Name: Dr Jagdish Chinnappa

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Signature:



ICMJE DISCLOSURE FORM

Date: 8/11/2025

Your Name: [Dr. Johnson Pradeep. R]

Manuscript Title: [Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report]

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Dr. Johnson Pradeep. R

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Date: 8/11/2025

Your Name: Dr Jyothi Idiculla

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 8/11/2025

Your Name: Dr Manjulika Vaz

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 8/11/2025

Your Name: Dr. Kavitha.Rajarithna

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

Manuscript Number (if known): Click or tap here to enter text.

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Dr. Kavitha.Rajarathna

ICMJE DISCLOSURE FORM

Date: 8/11/2025

Your Name: Dr. Nancy Angeline Gnanaselvam

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

Manuscript Number (if known): [Click or tap here to enter text.](#)

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G. Nancy Angeline

Dr. Nancy Angeline Gnanaselvam

ICMJE DISCLOSURE FORM

Date: 8/11/2025

Your Name: Mrs. Nisha C K

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/11/2025

Your Name: [Dr Mary Joseph]

Manuscript Title: [Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report]

Manuscript Number (if known): [Click or tap here to enter text.]

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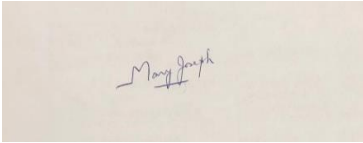
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ICMJE DISCLOSURE FORM

Date: 8/8/2025

Your Name: [Dr. Jayanthi Savio]

Manuscript Title: [Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 8/11/2025

Your Name: Dr Karuna Rameshkumar

Manuscript Title: Responsible Researchers and Reviewers: Ethics of Good Clinical Practice - Silver Jubilee Workshop report

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