

# American Osteopathic College of Radiology (AOCR) Scientific and Educational Exhibit

Transfer of Copyright, Author Agreement, and Conflict of Interest Form

Please note that all exhibit authors must sign this agreement (may be submitted on the same or separate forms).

Exhibit Title:

Corresponding author:

Copyright Transfer

Please select one of the following copyright transfer options:

US Government Work

Works written by US Government employees as part of their official duties may be presented without restriction. If authors are US Government employees and the work was completed in their official capacity, then there is no copyright to transfer and this exhibit exists in public domain. If there are multiple authors, of which at least one is a US Government employee and at least one is not a Government employee, then the non-Government employee(s) indicate(s) transfer of those rights which the author(s) has/have using the "original work" category on a separate copyright form from the Government employees.

## ☐ <u>Previously Presented Exhibit</u>

If the work has previously been presented at a regional or national meeting and copyrights were transferred to the College or Society, it may still be considered for presentation at the American Osteopathic College of Radiology meeting with written permissions from the original society in which the exhibit was presented. Appropriate permissions must be included with the exhibit submission.

#### ☐ Original Work

Original work applies to non-Government employees submitting an exhibit that has not previously been presented and is the original work of the author(s). The author(s) hereby assign to the American Osteopathic College of Radiology the copyrights to the exhibit named above in all forms and media (whether currently known or hereafter developed), for the full term of copyright and all extensions and renewals thereof, effective when and if the exhibit is accepted for presentation. This transfer includes the right to adapt the presentation and its contents for use in conjunction with reproduction or electronic media, as well as any modifications or revisions. The copyright transfer applies worldwide.

#### **Author warranties**

The author(s) guarantee that the exhibit for consideration falls under the selected category above for copyright purposes. The authors certify that they have obtained written permission from copyright owners for any excerpts from copyrighted works that are included and have credited the sources in the exhibit. Signature implies that each author has reviewed and approved the submitted exhibit, and authorizes the corresponding author to coordinate revisions and modifications as part of the editorial and review process.

# American Osteopathic College of Radiology (AOCR)

Transfer of Copyright, Author Agreement, and Conflict of Interest Form

# Health Insurance Portability and Accountability Act (HIPAA) Disclosure

The author(s) hereby guarantee that the exhibit complies with all aspects of HIPAA and the U.S. Department of Health and Human Services regulations pertaining to this act in terms of patient confidentiality and data security standards.

### **Permissions**

After presentation, the author(s) may reprint portions of the exhibit, to include images, figures, and tables in subsequent works in which he or she is the author or editor, whether they be lectures or conferences, journal articles, textbooks, or book chapters, with acknowledgement of its original presentation at the AOCR meeting.

| Financial disclosure  I/we acknowledge that if an exhibit or other work is being considered for presentation at the AOCR meeting, I/we have a duty to disclose any conflict(s) of interest that may be perceived as affecting objectivity and credibility or as creating an appearance of external influence. Please list any financial disclosures for the author(s) below (err on the side of disclosure) or check the box indicating no financial disclosures: |                              |      |
|---|------------------------------|------|
|   |                              |      |
|   |                              |      |
|   |                              |      |
| ☐ No financial disclosures  | s (check box if appropriate) |      |
| Signature   | Printed Name                 | Date |