**Conflicts of interest statement**

Each author should fill in a statement using the form below. After correctly filling, the author needs to print and sign before sending it to the Sociedade Brasileira de Dermatologia.

I, , have submitted for publication in the Anais Brasileiros de Dermatologia a manuscript entitled: 

I hereby certify that (1) the work reported in this manuscript has not received any financial support from any pharmaceutical company or other commercial source, except as described below, and (2) neither I nor any first-degree relative has any financial interest in the subject matter discussed in the manuscript.

Please indicate on the grid below the type and nature of any relationships you and your first-degree relatives have had in the past five years with any private company or nonprofit organization.

|  |
| --- |
| **TYPE OF RELATIONSHIP** |
| A | advisory board |
| B | board of directors |
| C | consultant |
| E | employee |
| F | founder |
| I | investigator |
| O | others |
| SP | speaker |
| AH | shareholder |
|  |  |

|  |
| --- |
| **NATURE OF COMPENSATION** |
| EQ | equipment |
| G | grants |
| H | honorary |
| IP | intellectual property rights |
| NC | no compensation received |
| OB | other financial benefits |
| R | royalties |
| RF | residency program funding |
| S | salary |
| ST | stock |
| SO | stock option |

|  |  |  |
| --- | --- | --- |
| Company Name | Type of Relationship | Nature of Compensation |
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| Name:   |
| Signature  |
| Date (month/day/year)  |