Conflict of Interest

The purpose of this form is to provide readers of your paper with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form has six parts.

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		hen name	e the Corres	sponding Author	Md. Sayed	ur Rahman
3.	Manuscript Title:					
	Dynamic online antimicrobial guid	eline with ste	wardship progr	am: Impact on antimic	robial prescr	ibing
4.	Manuscript ID:					
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Section 3: Relevant financial activities outside the submitted work

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?		Yes	~	No
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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment

Section 5: Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: Disclosure Statement

I hereby declare that I have not received any finac	ial support from any pharmaceutical industry.

ORCID iD: http://orcid.org/0000-0003-0713-6552 Date: 07-10-2017

email: papiasyeda@gmail.com

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Are there any relevant conflicts of interest? Yes V No

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email: srkhasru@bsmmu.edu.bd