Manuscript Approval Form



Please include a completed Manuscript Approval Form <u>along with</u> your manuscript at the time you submit your manuscript to the OAI Publications Committee for final approval.

Manuscripts and Manuscript Approval Forms should be sent to the OAI Coordinating Center at UCSF.

(E-mail: OAIPublications@psg.ucsf.edu; Fax #: 415-514-8150).

First Author's Name:		
Manuscript Title:		
Part I: Co-Authors		
I have had an opportunity to revisuomission to the OAI Publication	ew this manuscript and provide comments ons Committee.	s. I approve the manuscript for
Co-Author's Name:	Signature:	Date:
Co-Author's Name:	Signature:	Date
Co-Author's Name:	Signature:	Date:
Co-Author's Name:	Signature:	Date:
Co-Author's Name:	Signature:	Date:
		· · · · · · · · · · · · · · · · · · ·

PART II: INTERNAL MANUSCRIPT REVIEWER			
I have reviewed the manuscript listed above OAI Publications Committee.	and approve it for submission to the		
Comments:			
Name of Internal Reviewer:	Signature:		
PART III: OUTSIDE MANUSCRIPT REVIEWER			
I have reviewed the manuscript listed above and approve it for submission to the OAI Publications Committee.			
Comments:			
Name of Outside Reviewer:	Signature:		