

# Fellows' Pelvic Research Network (FPRN®)

## Authorship Agreement Form

This agreement is intended to help establish and maintain clear expectations regarding authorship. It should be considered a *living document* that is revisited during meetings and revised as needed.

**Working Title of Manuscript:** [Write title here]

**Authorship Criteria:** Please refer to the Authorship Expectations guidance on the FPRN® website for details regarding authorship determinations. In brief, authorship is reserved for collaborating Fellows only, with order being determined on a case-by-case basis after consideration of recruitment numbers, recruitment speed, professionalism, and contribution to the scientific progress of the study. Authors should satisfy the [criteria for authorship](#) recommended by the International Committee of Medical Journal Editors (ICMJE):

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

**Authorship Order:**

Please list authors in the order they will appear on the publication, adding rows as necessary.

Name	Author Position	As author, I commit to... (e.g., writing the first draft, designing the tables, writing the methods section, corresponding with journal)	Date
1	First Author		
2	Second Author		
3			
4	Senior Author		

**Publication Goal:**

Intended Journal
First Choice
Second Choice
Third Choice

**Submission Goal:**

This manuscript will be submitted to the intended journal on:
MM/DD/YYYY

**Next Deliverables and Deadlines:**

Identify key deliverables and deadlines, adding rows as needed.

	Date	Deliverable(s) (e.g., first draft, feedback on draft, second draft)	Person responsible
1			
2			
3			

Upon submission (not acceptance) of the manuscript, please email a copy of the completed form to the AUGS-SGS Group of the FPRN<sup>®</sup> Steering Committee Member who receives your monthly updates and is overseeing your study.