



BMT CTN LEAD (FIRST) AUTHOR REVIEW CHECKLIST

To be completed by lead author or designee *prior* to submitting document to DCC for Publications Committee review

Manuscript Name:

Protocol Name/Number:

Primary Results Manuscript; Target Journal:

Ancillary Results Manuscript; Target Journal:

Abstract; Target Meeting:

Task	Required Checks
1. Have all co-authors received a copy of the manuscript and do they approve its submission to the Publications Committee? <i>(If "No" or "N/A" please provide rationale.)</i>	Yes No N/A
<u>1a. Rationale:</u> 	
2. Have study-specific authorship guidelines been followed (available on the SharePoint website), including proper acknowledgement of the BMT CTN, cooperative group (if applicable), and all sources of support? https://www.bmtctnsp.net/ <i>(If "No" or "N/A" please provide rationale.)</i>	Yes No NA
<u>2a. Rationale:</u> 	
3. Have all collaborating entities (e.g. NCTN Group, AMC) approved the manuscript, if applicable? <i>(Please select "Not Yet" if the BMT CTN review is the first planned review of the manuscript. The Publications Committee will need confirmation of collaborative review prior to the manuscript being submitted for publication. If "No" or "N/A" please provide rationale.)</i>	Yes No Not Yet N/A
<u>3a. Rationale:</u> 	
4. Was the BMT CTN Administrative MOP Chapter 8 utilized for guidance and preparation of this submission to the Publications Committee? BMT CTN ADMIN MOP <i>(If "No" or "N/A" please provide rationale.)</i>	Yes No N/A
<u>4a. Rationale:</u> 	

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<p>5. If manuscript includes patient reported outcomes data, are published guidelines followed? https://jamanetwork.com/journals/jama/fullarticle/1656259 <i>(If “No” or “N/A” please provide rationale.)</i></p>	<p>Yes No N/A</p>
<p><u>5a. Rationale:</u></p>	
<p>6. Are the top 5 accruing centers credited in your manuscript or abstract? <i>(If “No” or “N/A” please provide rationale.)</i></p>	<p>Yes No N/A</p>
<p><u>6a. Rationale:</u></p>	
<p>7.) <i>For Primary manuscripts only:</i> Does the manuscript include a listing of all participating clinical centers and the responsible study physician at that center? <i>(If “No” or “N/A” please provide rationale.)</i></p>	<p>Yes No N/A Not a Primary Manuscript</p>
<p><u>7a. Rationale:</u></p>	
<p>8.) <i>For Secondary or ancillary manuscripts only:</i> Where the Protocol Chairs of the parent study invited to participate and co-author the manuscript? <i>(If the ancillary study uses biorepository specimens and/or clinical data from multiple studies and the analysis is not related to the parent study’s specific design please select “N/A” and provide appropriate rationale).</i></p>	<p>Yes No N/A Not a Secondary or ancillary Manuscript</p>
<p><u>8a. Rationale:</u></p>	
<p>9.) Have all participating individuals and centers received credit in accordance with their contributions to the manuscript, abstract, or study? <i>(If “No” or “N/A” please provide rationale.)</i></p>	<p>Yes No N/A</p>
<p><u>9a. Rationale:</u></p>	

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Signature and Date	
Lead Author (or designee) _____	Date: _____
(Please type your full name)	

COMMENTS: