



University of the Philippines Manila

Authorship Guidelines

FOR SCIENTIFIC WORK



Editors

Edward H.M. Wang
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FIRST EDITION, 2024



Authorship Guidelines for Scientific Work
First Edition

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This manual is a project of the
Office of Research Integrity
University of the Philippines Manila.

DEDICATION TO PROF. MARILEN BALOLONG

This manual on Authorship Guidelines for Scientific Work is lovingly dedicated to the memory of Dr. Marilen Parungao-Balolong, Professor of Microbiology and the first Associate Dean for Research and Public Service of the College of Arts and Sciences, UP Manila. An exceptionally accomplished researcher, science communicator and research advocate, Dr. Balolong was recognized as University Scientist III, the highest honor accorded by the UP System for faculty researchers in 2022, and was the 2022 Philippine Society for Microbiology Outstanding Microbiologist. She headed several research groups such as the Applied Microbiology for Health and Environment Research Group (AMHERG) and the UPM CAS Planetary Health Committee. Her enthusiastic advocacy for research has inspired countless UPM students, including a generation of undergraduate BS Biology students, many of whom have gone on to become outstanding researchers themselves.

Dr. Balolong was an original member of the UP Manila Committee on Research Integrity (2019), active in the Committee's twin roles of educating and addressing breaches of RI within the UP Manila community. Always the innovator, she introduced novel ways to increase awareness of RI not only among students but also among faculty and research colleagues. Lhen was instrumental in producing the original AVP about the Office, now routinely played during UP Manila RI activities.

Lhen will forever be missed by her students, colleagues, and all of us friends.

Rest in power, Ma'am Lhen!

Maria Constancia O. Carrillo, PhD

Dean (Jan 2022-Nov 2024)

UP Manila College of Arts and Sciences

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**Angelo A. Jimenez, JD**

President, (2023 – Present)
University of the Philippines

As the University of the Philippines continues to fulfill its mandate as the nation’s premier research university, it is essential to uphold standards of integrity and excellence that resonate not only within our institution but also across the broader scientific and academic community. I commend the UP Manila Office of Research Integrity (UPM-ORI) for taking this significant step in publishing the Authorship Guidelines for Scientific Work, UP Manila.

This manual is a pioneering resource in the Philippines, crafted to address a fundamental aspect of research integrity that impacts collaboration and ethical scholarship—authorship. The work initiated by UPM-ORI exemplifies the values of transparency, respect, and responsibility that we strive to instill within our community. By creating clear guidelines for authorship, this manual supports our faculty, students, and researchers in navigating the complexities of research partnerships with clarity and fairness, fostering an environment where all contributions are acknowledged ethically and appropriately. These guidelines will no doubt serve as an invaluable tool, supporting the responsible conduct of research, ensuring accountability, and building trust within UP and beyond.

This manual stands as a testament to our collective commitment to advancing not only knowledge but also integrity in research, as it befits our mandate as a national university committed to delivering transformative education in the service of the nation. I extend my heartfelt congratulations and gratitude to the editors, contributors, and collaborators whose dedication have brought this publication to life. May this resource empower future generations of Filipino researchers to lead with excellence, integrity, and a steadfast dedication to the truth.

**Carmencita D. Padilla, MD, MAHPS**

National Scientist

Professor Emeritus, College of Medicine

Chancellor (1 Nov 2014 – 31 Oct 2023)

University of the Philippines Manila

With research as a priority area during my term as chancellor, I recognized the lack of a ‘research integrity office’ as a major gap in the research efforts and capabilities of UP Manila. With faculty members applying for and receiving grants from universities overseas with established ‘research integrity offices’, several questions about our research ‘rule’ were directed to management. How are we ensuring integrity in our research endeavors? Is there a committee or office that addresses or can address ‘integrity questions’?

In the beginning, integrity issues were handled through an ad hoc committee. But as the number of foreign grants increased, a formal committee to address integrity questions/issues was deemed necessary. The *UP Manila Committee on Research Integrity (UPMCRI)* was created to address and monitor research integrity issues and to create and nurture an environment of responsible research conduct. The first set of committee members was hand-picked based on a due diligence review of their varied backgrounds, experiences and reputations as ethical researchers - Dr. Edward H.M. Wang (chair), Dr. Jacinto Blas V. Mantaring III, Dr. Jean Anne B. Toral, Dr. Katherine Ann V. Reyes, and Dr. Marilen P. Balolong.

The UPMCRI conducted research integrity orientation workshops initially targeting UPM deans, associate deans for research, chairs, and assistant chairs for research, eventually including the greater community of researchers. Created just before the COVID-19 lockdown, the UPMCRI accomplished its mandate using technology and hosting webinars that sometimes reached

audiences in the thousands. The popularity of their educational fora provided supporting evidence of the need for clarification and nurturing in 'research integrity' concepts. The committee has evolved into the Office of Research Integrity (ORI), to "create an environment that promotes the responsible conduct of research." The ORI oversees the university's active adherence to the principles and standards crucial for the principled and unimpeachable conduct of research, spanning the entire scientific process from inception to publication and result dissemination.

I commend the team for their care in addressing and clarifying the many issues impacting research integrity. They have thoughtfully and carefully addressed each issue, including the critical questions surrounding 'authorship,' a topic that repeatedly arose in the open forum of the educational webinars.

The UPMCRI/ORI has been committed to creating a research environment that, along with integrity, promotes transparency and accountability and is a friendly environment for both amateur and seasoned researchers. Their creation of The UP Manila Code for Responsible Conduct of Research provided a definition of the basic principles and responsibilities of both researchers and the university. The Authorship Guidelines here will provide useful guidance and clarifications for all authors contributing to research study publications so that minimal related questions arise and research contributors are equitably and fairly recognized.

Congratulations on a job well done!

**Dr. Michael L. Tee**

Professor, College of Medicine
Chancellor, (1 Nov 2023 - Present)
University of the Philippines Manila

Congratulations to the UP Manila Office of Research Integrity for this outstanding publication — the *Authorship Guidelines for Scientific Work*! This manual addresses a critical dimension of research integrity—authorship practices. It provides clear guidance for navigating a complex and often sensitive aspect of academic and scientific endeavors.

While authorship issues may not fall under the “big three sins” of falsification, fabrication, and plagiarism, they remain fundamental to the principles of Responsible Conduct of Research. Upholding fair authorship practices embodies the enduring value of giving credit where credit is due, fostering trust, equity, and collaboration within the global research community.

As UP Manila’s research enterprise continues to flourish, we are witnessing a parallel exponential growth in scientific publications that reflects its vibrant academic environment. Faculty, staff, and students are increasingly engaged in collaborative projects with both national and international partners, underscoring the importance of consistent and fair authorship attribution. Moreover, the rising integration of AI tools introduces novel challenges, emphasizing the need for robust authorship guidelines that ensure accountability and transparency.

This manual not only addresses local gaps in authorship policies but also has the potential to contribute to the global discourse on responsible research practices. By offering a structured framework for resolving authorship disputes, it encourages harmonious collaborations and ensures that contributors receive appropriate recognition. Furthermore, its adoption ensures the credibility of research outputs, benefiting the broader public who rely on accurate and ethically-produced scientific data for informed decision-making.

Congratulations once again to the team behind this significant and timely contribution to advancing research integrity, both locally and internationally!

FOREWORD



Daniel Barr, PhD
RMIT University, Australia

'Honesty', 'Fairness', 'Transparency', and 'Accountability' are essential principles when it comes to the responsible conduct of research, especially for determining who should or shouldn't be an author of a publication. In the research context, an author is not necessarily someone who wrote the paper. In conducting research, generating knowledge, and reaching new conclusions, researchers can make all sorts of contributions beyond writing that might be recognized with authorship.

During the research process, researchers can conceive new research ideas, designs, and methodologies; they can conduct experiments, fieldwork, and interviews; they can acquire data and contribute novel information; and share traditional knowledge. Contributions might take many hours and days of hard work, they might involve many people working together in collaboration, or they might be transient and occur through 'light bulb' moments of inspiration. Not all contributions will result in recognition by authorship. Importantly, a contribution that might warrant authorship should have an intellectual or scholarly nature to it. The definition of authorship for research is particular to research and is broader than just writing. An author of a research output such as a journal article or book chapter is someone who made a significant intellectual or scholarly contribution to the research described in the research output and is willing to be accountable for the integrity of their contributions.

Responsible practice in authorship is important because authorship is the mechanism by which individuals and institutions get credit and take responsibility for research. Based on the research integrity principles and definition shown above, responsible conduct in authorship appears straightforward. However, evidence suggests that while many academics think they assign authorship fairly, many academics also experience difficulties when it comes to talking about and deciding authorship. In practice, authorship can be complex. Communities and disciplines in research have established diverse conventions and traditions about acknowledging contributions. The practice of authorship by researchers is also affected by personal expectations, misunderstandings, conflicts of interest, new technologies such as Generative AI tools, and the perceived quality and quantity of contributions.

How do researchers know how to conduct authorship responsibly? How can researchers safely navigate discussions with each other, make useful plans, and come to agreements about authorship? Undoubtedly, institutions have responsibilities to ensure the responsible conduct of research. So, what should institutions do when it comes to authorship? The Authorship Guidelines for Scientific Work by the University of Philippines Manila is an example of exactly what institutions can do to encourage and support the responsible conduct of research. Policies and guidelines are important tools for clarifying expectations and supporting practices. They are the right place to set the foundation for other initiatives and services for research integrity at an institution. Ideally, authorship guidelines for researchers are reflective of responsible practice, cover a range of topics and issues, and be widely accessible to academic staff and students. In concert with contemporary education and training initiatives, guidelines can not only help ensure integrity but also help enable better practice.

The Authorship Guidelines for Scientific Work by the University of Philippines Manila merges reflective and practical advice, and canvasses important concepts and current issues in authorship and scholarly publication. Chapter 1 of the Guidelines introduces the key criteria for authorship and the fundamental question of who gets to be an author in research. This theme is continued in Chapter 2, which provides in detail the characteristics of intellectual and

scholarly contributions that should be recognized by authorship and acknowledgement. Furthermore, Chapter 2 provides helpful advice on how researchers can fairly assign authorship and author order in collaborative research. In Chapter 3, conflicts of interest in research are introduced along with the steps authors can take in disclosing and managing competing interests. The opportunities and risks to research integrity in using generative AI tools in academic writing and publishing are discussed in Chapter 4, which also provides recommendations for responsible use and resources for authors. Examples of authorship practices that do not meet the principles of research integrity are summarised in Chapter 5, and Chapter 6 provides sensible advice for navigating discussions that may give rise to disputes and breaches of research integrity. This practical focus on what researchers can do to uphold the principles of research integrity is supported by Chapter 7, which provides a range of authorship scenarios that are highly relevant to scientific disciplines, and by an extensive set of resources that conclude the Guidelines.

The Authorship Guidelines for Scientific Work by the University of Philippines Manila provide contemporary, accessible, and meaningful guidance for researchers and how they can meet the principles of research integrity in their work. The Guidelines represent the serious and thoughtful approach by the University of Philippines Manila to supporting and encouraging responsible research. I greatly appreciate the opportunity to be a part of the University's continuing and uncommon advocacy for research integrity.

PREFACE



Edward HM Wang, MD, MSc

Professor, College of Medicine
Vice Chancellor for Research (2022 – 2023)



Leslie Michelle Dalmacio, PhD

Professor, College of Medicine
Vice Chancellor for Research (2024 – Present)

During the webinars and conferences held over the past years by the University of the Philippines Manila Office of Research Integrity (UPM-ORI), we have noted that authorship has been a consistent ‘hot’ topic among the audience, be they students, research personnel, faculty or administrators. This is not surprising, considering the importance of publications and presentations of research output in the milieu of HEIs (Higher Education Institutions) and how authorship can be a currency for academic promotion, professional recognition, and monetary reward of the individuals involved as well as evidence of the productivity and reputation of their respective institutions.¹

The underlying reasons for identifying authors are to provide credit and establish accountability and transparency surrounding scholarly work.² To date, the most commonly used criteria for authorship in the health sciences are those set forth by the International Committee of Medical Journal Editors (ICMJE). Although more refined guidelines have also been used, the underlying criteria of “contribution and accountability” remain.^{3,4} While these criteria seem fairly straightforward on paper, in reality, authorship assignment can be both confusing and contentious. Add to this the evolving landscape of authorship with an increasing

number of authors in collaborative, transdisciplinary, and complex research work—a physics paper published in *The Physical Review Letters* in May 2015 sets the record with 5154 authors!⁵

Many questions still pervade academia and the research community.

When is contribution considered substantial enough for authorship?

Is the practice of offering authorship to the Department Chair appropriate?

Can a student's thesis be published by her advisor, with the advisor as first author?

What is the difference among authors, contributors, and persons who are acknowledged?

Are co-authors as much to blame as the first author who falsified data?

Do the rules of authorship apply to multi-institutional collaborations?

Can ChatGPT be an author?

Should the most junior also be the corresponding author?

Are professional writers automatically authors?

Are the authors of a publication describing an invention also considered its inventors?

What can be done when there is a breach of authorship guidelines?

This manual hopes to provide guidance on such questions and authorship and research dissemination. It is adapted to the local environment and therefore functional, so to speak, as it is in large part written by the members of the UPM-ORI and perspectives were taken from Focus Group Discussions of representatives of different sectors of the University i.e., undergraduate students, postgraduate students, trainees of the Philippine General Hospital (PGH), Research Extension Professional Staff (REPS), and faculty. It is by no means a comprehensive dissertation on the multifaceted issue of authorship. Recognizing the evolving concept of authorship, it also does not claim a final say on such a dynamic issue.

Through this manual, our objective is to increase awareness about authorship and provide an easy guide for questions about

it with a list of references for further reading. Additionally, as authorship problems often reflect power imbalance in the workplace, comprehending and addressing authorship issues also help promote a more equitable and nurturing environment within our academic community, which, in essence, is the goal of the UPM-ORI.

The authors of this manual emphasize from the outset that while authorship disputes are inevitable, every effort should be made to avoid such disputes. However, should they arise despite the best preventive practices, amicable settlement among the authors is preferred to settlement by a third party.

We hope this manual helps and that you enjoy reading it as much as we have enjoyed writing it and exploring the many dimensions and perspectives of authorship.

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We extend our heartfelt thanks to Ms. Reiko Ann N. Barrientos, Junior Office Associate at the Office of Research Integrity (2023-present), whose exceptional commitment, professionalism, and meticulous attention to detail have been instrumental in advancing this initiative. We also recognize the early foundational efforts of Ms. Kate Carmelle D. Lopido, Senior Office Assistant (2022-2023), whose contributions helped establish a strong administrative groundwork for the office.

Special thanks go to Dr. Justine April C. Jacinto and Ms. Cheene Mabelle M. Calantoc of the Publication Assistance Committee (PAC), whose invaluable editorial support was essential in piecing together this project and ensuring its high quality. We also extend our gratitude to Ms. January Kanindot of IPPAO for her excellent work on the layout of this guidelines.

We deeply appreciate the insights and perspectives shared during focus group discussions by the UP Manila Student Council, REPSA, OVCR unit heads, and Chief Residents of the Philippine General Hospital (PGH) in 2023. Their feedback was essential in ensuring the guidelines are comprehensive and relevant.

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Dr. Jacinto Blas V. Mantaring III is the immediate past chair of the Department of Clinical Epidemiology of the UPCM. He is a professor of clinical epidemiology and a clinical professor of pediatrics. He is the Coordinator for Education and Training of the UPM-ORI, the overall chair of the UPM-REB and the chair of the Department of Health (DOH) Single Joint Ethics Review Board (SJREB). He is a practicing neonatologist who completed postresidency fellowship training in Neonatal – Perinatal Medicine from the Wayne State University – Detroit Medical Center. He also serves as the chair of the Health Technology Assessment Council (HTAC).

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Salido, Evelyn O.

Dr. Evelyn O. Salido is a Professor at the UPCM. She is an internist and rheumatologist at the UPM-PGH and is the Division Chief of Rheumatology of the Department of Medicine. Dr. Salido completed her Doctor of Medicine, Masters in Clinical Epidemiology, Residency in Internal Medicine, and Fellowship in Rheumatology at the UP-PGH. She has participated in numerous research projects in internal medicine and rheumatology and has published several original articles in refereed medical journals. Her research engagements also include mentoring of medical students and trainees on critical appraisal of literature and research protocol writing, technical review of proposals, peer review of research articles for publication, and evidence review and technical advising for clinical practice guideline development. She has authored patient education materials on arthritis, lupus, gout, osteoarthritis, and ankylosing spondylitis.

Toral, Jean Anne B.

Dr. Jean Anne B. Toral completed her medical degree from the UPCM in 1994. She also completed her Master of Science in Clinical Epidemiology from the same institution in 2012. She is currently a Professor of Obstetrics and Gynecology at the UPCM and a University Scientist 3. She was the Coordinator for Research and the Chief of the Expanded Hospital Research Office (EHRO) of the UP-PGH from 2019 to January 2025. She is a fellow of the Philippine Obstetrical and Gynecological Society, Inc. and serves as the Editor-in-Chief of its journal, *The Philippine Journal of Obstetrics and Gynecology*, since 2023. Her subspecialty is Gynecologic Oncology and she is a fellow of the Society of Gynecologic Oncologists of the Philippines, Inc. She is also a certified Colposcopist and Fellow of the Philippine Society of Cervical Pathology and Colposcopy, Inc.

Villanueva, Sharon Angelina Yvette M.

Dr. Sharon Yvette Angelina M. Villanueva finished her B.S. Public Health degree from the UPM-CPH and later earned her Master of Medical Science degree and PhD in Medical Sciences with a specialty in Pathological Science from Kyushu University. She is also a post-doctoral fellow of the JST-JICA Agency (Japan Science and Technology Agency-Japan International Cooperation Agency) in partnership with Kyushu University and Chiba Institute of Science. She is currently the Coordinator for Service Delivery of UPM-ORI. Dr. Villanueva is a member of different national and international societies and is a Registered Microbiologist and a Diplomate of the Philippine Academy of Microbiology. She has numerous international publications, focusing on leptospirosis seroprevalence, pathogenesis, serologic and molecular diagnosis, and vaccine production. Her other research interests include antimicrobial resistance and kit development. She is also a technical/peer reviewer of manuscripts submitted in national and international journals as well as project proposals for national and international funding agencies.

Wang, Edward H.M.

Dr. Edward H.M. Wang (UPCM'83, UP-PGH'88, UGlasgow'90, UToronto'92, UPM MSClinEpi'00) was appointed Chair of the Committee on Research Integrity in October 2019 and became Director when it was elevated to an Office in 2022. He is a Professor of Orthopedics, University Scientist 3 and served as the UPM Vice Chancellor for Research from 2022-2023. He leads the UPSIBOL (Surgical Innovation & Biotechnology Lab) biomedical device development program and is convenor of the Philippine and UPM Sarcoma Consortiums. Dr. Wang has authored 81 scientific and technical publications including the book "Bone Tumors in Filipinos" (2007). He is Associate Editor of the J of Bone & Joint Surgery-OA (American) and Manuscript Editor of the Malaysian Ortho Journal. He is an active member of the Asia-Pacific Orthopedic Research Society (APORS) and the East Asia Musculoskeletal Oncology Group. He was elected Academician of the National Academy of Science & Technology in 2015.

LIST OF ACRONYMS

UPD: University of the Philippines Diliman

UPLB: University of the Philippines Los Baños

UPM: University of the Philippines Manila

UP-CAS: University of the Philippines Manila – College of Arts and Sciences

UPCM: University of the Philippines Manila – College of Medicine

UPCN: University of the Philippines Manila – College of Nursing

UPM-CPH: University of the Philippines Manila – College of Public Health

UP-NIH: University of the Philippines Manila – National Institutes of Health

UPM-ORI: University of the Philippines Manila – Office of Research Integrity

UP-PGH: University of the Philippines Manila – Philippine General Hospital

UPM-REB: University of the Philippines Manila – Research Ethics Board

UPM-TTBD: University of the Philippines Manila – Technology Transfer and Business Development Office

THE UP MANILA

OFFICE OF RESEARCH INTEGRITY

Edward H.M. Wang, MD, MSc

Similar to many other Higher Education Institutes, research is a mandate of the University of the Philippines and is integral to its vision and mission of national relevance and global competitiveness. In order for this research to be of value to both the scientific and lay community, it must be carried out in a trustworthy manner, otherwise known as the **Responsible Conduct of Research (RCR)**.

It is the role of the **UP Manila Office of Research Integrity (UPM-ORI)** to assure and maintain a culture of RCR within the university through continuing education for its constituents, monitoring and evaluation of both major (i.e., fabrication, falsification, plagiarism) and minor violations (i.e., questionable research practices), and liaising with similar offices both nationally and internationally. The rapid growth of the research infrastructure within UP Manila, the increasing number of concerns and complaints relating to inappropriate conduct of research, and the frequent requirement of an ORI for university participation in global research undertakings were the reasons for the creation of this office.

Chancellor Carmencita D. Padilla created the Committee on Research Integrity through AO No. CCDP 2019-179 (later 179-A) on October 17, 2019, with six core members: Dr. Edward Wang (Chair), Dr. Jacinto Blas Mantaring III, Dr. Jean Anne Toral, Dr. Katherine Ann Reyes, Dr. Marilen Balolong, and Mr. Rufus Adducul. After the Chair's attendance at the 6th World Conference on Research Integrity (RI) in Hong Kong, the first session on RI was held during the 2019 UPM Science & Technology Week Celebrations, followed by a workshop on RI for administrators in early 2020. The COVID pandemic prevented face-to-face workshops, but these were replaced by a series of four successful quarterly webinars throughout 2021 on Plagiarism, Falsification and Fabrication, Authorship, and Misinformation/Predatory Publications, each with both international and local resource speakers and each webinar open to an international audience. Interested readers can email ori.

upm@up.edu.ph to find out more about the UPM Virtual Learning Environment Online Module Course on Research Integrity.

During this time, the ORI continued participation in educational fora of the UPM, the National Institutes of Health (NIH), and the Philippine General Hospital (PGH). It also embarked on a research project to establish the baseline awareness of constituents about the UPM RI environment, reporting its initial findings at the 7th World Conference on Research Integrity. At the same time, the Committee penned a UPM Code for the Responsible Conduct of Research, incorporating the APEC (Asia Pacific Economic Council) guiding principles of RI. This draft was reviewed by members of the UP Manila Chancellor's Advisory Committee (Deans, Directors, and Heads of Colleges and major Units of UP Manila) in 2020, and the final Code launched on the same year (Appendix A). The Code was later approved by the Board of Regents (BOR) for adoption by the entire UP System in August 2021. Significantly, the Committee made its first official recommendation on a case of RI in October of 2021.

To reach as many UPM constituents as possible, the quarterly ORI Education Caravan was initiated in 2022, with the plan of traveling through the 10 different Colleges and Units of the Manila campus (i.e., Allied Medical Professions, Dentistry, Medicine, National Teachers Training Center for the Health Professions, Nursing, Pharmacy, Public Health, School of Health Sciences, PGH Medical Staff and PGH Allied Medical Staff), bringing ORI to students, research professionals, staff, and faculty.

Each caravan was also an opportune time to recruit an ORI representative from each of the Colleges or Units involved during these caravan stops, allowing for the gradual expansion of the office to its present membership. The original Committee had by now been elevated to become an Office of Research Integrity.

MEMBERS OF THE UPM OFFICE OF RESEARCH INTEGRITY (ORI)

COORDINATORS			
ORI DESIGNATION	YEAR AS MEMBER	NAME	CURRENT UP MANILA DESIGNATION
DIRECTOR (2019-2024) CORE MEMBER (2024-2025) COORDINATOR FOR EXTERNAL COLLABORATIONS (2025-Present)	2019-Present	EDWARD HM. WANG, MD, MSc	Clinical Professor, Department of Orthopedics College of Medicine (CM) Philippine General Hospital (PGH)
CORE MEMBER (2019-2024) DIRECTOR (2024-Present)	2019-Present	JEAN ANNE B. TORAL, MD, MSc	Professor, Department of Obstetrics and Gynecology College of Medicine (CM) Philippine General Hospital (PGH)
CORE MEMBER (2019-2024) COORDINATOR FOR ADMINISTRATION (2025-Present)	2019-Present	RUFUS THOMAS Y. ADDUCUL	Project Development Officer, Institute of Human Genetics National Institutes of Health (NIH)
CORE MEMBER (2019-2024) COORDINATOR FOR EDUCATION AND TRAINING (2025-Present)	2019-Present	JACINTO BLAS V. MANTARING III, MD, MSc	Professor, Department of Clinical Epidemiology College of Medicine (CM)
CORE MEMBER (2019-2021) COORDINATOR FOR GOVERNANCE AND POLICY (2025-Present)	2019-2021, 2025-Present	KATHERINE ANN V. REYES, MP, MPP	Research Assistant Professor, Institute of Clinical Epidemiology National Institutes of Health (NIH)
COORDINATOR FOR RESEARCH (2025-Present)	2025-Present	CHRISTOPHER JAY T. ROBILLO, RCh, MSc, PhD	Associate Professor, Department of Physical Sciences and Mathematics College of Arts and Sciences (CAS)
COORDINATOR FOR SERVICE DELIVERY (2025-Present)	2025-Present	SHARON YVETTE ANGELINA M. VILLANUEVA, MMSc, PhD, Rmicro, DPAM	Professor, Department of Medical Microbiology and Associate Dean for Research College of Public Health (CPH)
CORE MEMBER (2019-2022) (+)	2019-2022 (+)	MARILEN P. BALOLONG, MSc, DrPH	(Deceased)
COLLEGE AND UNIT FOCAL PERSONS			
ORI DESIGNATION	Year as Member	NAME	UP MANILA / PGH DESIGNATION
UNIT FOCAL PERSON Philippine General Hospital (PGH) Medical	2022-Present	VALERIE T. GUINTO, MD, MSc, MH	Clinical Associate Professor, Department of Obstetrics and Gynecology College of Medicine (CM) Philippine General Hospital (PGH)
COLLEGE FOCAL PERSON College of Pharmacy (CP)	2022-Present	JOANNA J. OREJOLA, RPh, MS, PhD	Associate Professor, Department of Pharmaceutical Chemistry College of Pharmacy (CP)
COLLEGE FOCAL PERSON College of Allied Medical Professions (CAMP)	2022-2023	RALPH KEVIN M. GENOGUIN	-
COLLEGE FOCAL PERSON College of Nursing (CN)	2022-2023	ERWIN WILLIAM A. LEYVA	-
COLLEGE FOCAL PERSON College of Arts and Sciences (CAS)	2023-2025	CHRISTOPHER JAY T. ROBILLO, RCh, MSc, PhD	Associate Professor, Department of Physical Sciences and Mathematics College of Arts and Sciences (CAS)

UNIT FOCAL PERSON Philippine General Hospital (PGH) Allied-Medical	2023- 2024	MARIA CECILIA N. PUNZALAN, RN	Deputy Director for Nursing, Philippine General Hospital (PGH)
COLLEGE FOCAL PERSON College of Public Health (CPH)	2023- 2025	SHARON YVETTE ANGELINA M. VILLANUEVA, MMSc, PhD, RMicro, DPAM	Professor, Department of Medical Microbiology and Associate Dean for Research College of Public Health (CPH)
COLLEGE FOCAL PERSON College of Medicine (CM)	2023- Present	EVELYN O. SALIDO, MD, MSc	Professor and Chief, Division of Rheumatology College of Medicine (CM) Philippine General Hospital (PGH)
COLLEGE FOCAL PERSON College of Nursing (CN)	2023- Present	LAURENCE LLOYD B. PARIAL, PhD, RN	Assistant Professor, College of Nursing (CN)
COLLEGE FOCAL PERSON College of Allied Medical Professions (CAMP)	2024- Present	MARIA CONCEPCION D.L.C. CABATAN, PhD, OTRP	Professor, Department of Occupational Therapy, College of Allied Medical Professions (CAMP)
UNIT FOCAL PERSON Philippine General Hospital (PGH) Allied-Medical	2024- Present	MILDRED B. CAMPO, RN	Officer-in-Charge, Division of Nursing Research and Development Philippine General Hospital (PGH)
COLLEGE FOCAL PERSON College of Dentistry (CD)	2024- Present	MARIA JACINTA ROSARIO H. ROMERO, DDM, PhD	Assistant Professor, Department of Clinical Dental Health Sciences College of Dentistry (CD)
COLLEGE FOCAL PERSON National Teacher Training Center for the Health Professions (NTTCHP)	2024- 2025	ERLYN A. SANA, PhD, MAT, LPT	Professor and Chair, Department of Office of Research and Development National Teacher Training Center for the Health Professions (NTTCHP)
COLLEGE FOCAL PERSON School of Health Sciences (SHS)	2024- Present	CARMEN N. FIRMO, PhD, RN	Professor and Chair, Nursing Department, UP School of Health Sciences (SHS)
UNIT FOCAL PERSON National Institutes of Health (NIH)	2024- 2025	KATHERINE ANN V. REYES, MP, MPP	Affiliate Faculty, Health Promotion Program National Institutes of Health (NIH)
COLLEGE FOCAL PERSON College of Arts and Sciences (CAS)	2025- Present	DINDO P. CAFE, PhD	Faculty and Associate Dean for Research and Public Service College of Arts and Sciences (CAS)
COLLEGE FOCAL PERSON National Teacher Training Center for the Health Professions (NTTCHP)	2025- Present	MONICA H. WALET, PhD, RPsy	Assistant Professor, Coordinator, International & Local Linkages National Teacher Training Center for the Health Professions (NTTCHP)
COLLEGE FOCAL PERSON College of Public Health (CPH)	2025- Present	ROMULO F. NIEVA JR, RN, MHSS, PhD	Associate Professor, Department of Health Policy and Administration College of Public Health (CPH)
UNIT FOCAL PERSON National Institutes of Health (NIH)	2025- Present	CHRISTIAN N. FRANCISCO, MD	Research Faculty, Institute of Molecular Biology and Biotechnology National Institutes of Health (NIH)
SENIOR OFFICE ASSISTANT (Admin Personnel)	2022- 2023	KATE CARMELLE D. LOPIDO	-
JUNIOR OFFICE ASSOCIATE (Admin Personnel)	2023- Present	REIKO ANN N. BARRIENTOS	Junior Office Associate, Office of Research Integrity (ORI)

CHAPTER 1: WHO IS AN AUTHOR?

Jean Anne B. Toral, MD, MSc
and Valerie T. Guinto, MD, MSc, MHM

The names that appear at the beginning of a paper provide two important pieces of information — who is accountable for the study and who deserves credit for the study. First, the author list lets readers know who conducted the research and therefore, should be accountable for it, especially when there are questions, for example, after publication, about the methodology, data, or their interpretation. Second, the credit derived from publications is used to determine a researcher's worth. Researchers are valued based on the quality and quantity of their work, necessitating therefore that the author list be fair and accurate.¹

In other words, authorship confers both credit and accountability. It is used for academic promotions, improvement of qualifications, and financial gain, among others. At the same time, authors are accountable for what is written in their published articles.^{2,3} It is crucial, therefore, that proper criteria are followed in defining who an author is.

Some of the most often cited criteria for authorship are those of the International Committee of Medical Journal Editors (ICMJE). Its origins can be traced to Vancouver, when in 1978, at an informal meeting of medical editors, guidelines were agreed upon for the format of manuscripts submitted to their journals.⁴ They were then known as the Vancouver Group. What began as a move towards standardization of submissions gradually became an influential set of guidelines adopted today by many scientific journals, expanding to what is now better known as the ICMJE guidelines.

The ICMJE lists four criteria for authorship²:

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 reviewing 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.

All four criteria must be fulfilled to be included as an author in a scientific publication. At the same time, it is both dishonest and unfair to omit individuals who made substantial contributions to both the conduct of the study and the writing of the paper and who fulfill the ICMJE criteria.³

It must be noted, however, that while the ICMJE guidelines are the norm in most fields of health care, they may not be appropriate for non-medical or allied medical disciplines. This is important to remember especially when establishing guidelines for institutions like the UP Manila where health care units interact closely with the physical, natural and formal sciences and even the arts; and where there is increasing collaboration with disciplines from other constituent units of the University.

The concept of total accountability for everything written, described, shown, and communicated in a published article can also be contentious. Authorship assigns accountability for individual contributions. It is more practical for authors to be responsible for at least their contributions to the manuscript. It is not possible for all co-authors to be held accountable for an entire work especially if there are multiple disciplines and multiple techniques involved in the study. Furthermore, it is unfair that students and early career researchers be burdened with this huge responsibility. Such a responsibility would best fall on the shoulders of established researchers, graduate supervisors and senior authors.

In the Proceedings of the National Academy of Sciences (PNAS), the journal of the US National Academy of Sciences and an excellent source of high-impact, original research in the biological, physical, and social sciences,⁵ authorship and contribution guidelines do not replicate those of the ICMJE. First, authorship must be limited to those who have contributed substantially to the work. Second, all collaborators share some degree of responsibility for the work they co-author. Some co-authors have responsibility for the entire paper as an accurate, verifiable report of the research. These are the co-authors who were accountable for data integrity, carried the analysis, wrote the paper, presented the major findings at conferences, or provided scientific leadership to junior researchers.

Third, for co-authors who made specific, limited contributions, they are responsible for that particular contribution. Fourth, though there is the third provision, all collaborators should still have in place an appropriate process for reviewing the accuracy of the reported results. Lastly, authors must indicate their specific contributions to the published work; these are placed as footnotes. These guidelines are taken from the submission system of the PNAS.

In the field of mathematics, most studies are joint research with a sharing of ideas and skills that cannot be attributed to individuals separately. The roles of researchers are difficult to distinguish, with ideas often developing from complex discussions. As a result, authorship bylines in mathematics are usually alphabetical following the Hardy-Littlewood Rules which are based on trust.⁶ G.H. Hardy and J.E. Littlewood were 20th century mathematicians who collaborated with each other in a series of works. Their collaborations are guided by this concept - "I know you will contribute something useful, so don't worry about it - we publish together no matter what." Thus, the simplistic alphabetical listing.⁷

In the field of the Humanities and the Social Sciences, as reported in a white paper from the Taylor and Francis Group,⁸ researchers believe that authorship credit should go to those who are responsible for the conception and/or design of a project, the analysis and/or interpretation of data, the drafting of the paper or critical revision for intellectual content. A majority of journal editors would intervene if they suspected incorrect authorship attribution. The editors would ask the corresponding author to amend the authorship list if they believed an uncredited research assistant had made a substantial contribution. Finally, regarding the authorship order, the bottomline is that order should be negotiated to mutual satisfaction.

In other words, we should remain aware that there can be variations in authorship guidelines. The important thing is defining who have made contributions and should therefore be part of the authorship list; what their contributions are and what therefore they should be accountable for. It is always best that discussion of these issues be underlined by the principles of honesty, fairness, and accountability. The individuals who conducted the study must identify the authors and define the order of authorship.²

Corresponding authors

Corresponding authors take responsibility for the entire process of submission, peer review, and publication of a manuscript. They must be readily accessible to respond to both queries from the editors prior to publication and comments and critique from readers after the work has been published, including sharing or providing access to data where this is possible.²

Authorship in the Name of a Group

When a group name is used for authorship, the corresponding author should identify the people who should take credit for the work and who should be included in the group.² A group name may be used as long as one investigator takes responsibility for the study.³

Example 1: This article, published in Journal of Medical Internet Research,⁹ attributed authorship to a group with one person designated for correspondence.

JOURNAL OF MEDICAL INTERNET RESEARCH

Eysenbach & CONSORT-EHEALTH Group

Editorial

CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions

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Abstract

Background: Web-based and mobile health interventions (also called “Internet interventions” or “eHealth/mHealth interventions”) are tools or treatments, typically behaviorally based, that are operationalized and transformed for delivery via the Internet or mobile platforms. These include electronic tools for patients, informal caregivers, healthy consumers, and health care providers. The Consolidated Standards of Reporting Trials (CONSORT) statement was developed to improve the suboptimal reporting of

randomized controlled trials (RCTs). While the CONSORT statement can be applied to provide broad guidance on how eHealth and mHealth trials should be reported, RCTs of web-based interventions pose very specific issues and challenges, in particular related to reporting sufficient details of the intervention to allow replication and theory-building.

Objective: To develop a checklist, dubbed CONSORT-EHEALTH (Consolidated Standards of Reporting Trials of Electronic and Mobile Health Applications and onLine TeleHealth), as an extension of the CONSORT statement that provides guidance for authors of eHealth and mHealth interventions.

Methods: A literature review was conducted, followed by a survey among eHealth experts and a workshop.

Results: A checklist instrument was constructed as an extension of the CONSORT statement. The instrument has been adopted by the *Journal of Medical Internet Research* (JMIR) and authors of eHealth RCTs are required to submit an electronic checklist explaining how they addressed each subitem.


Conclusions: CONSORT-EHEALTH has the potential to improve reporting and provides a basis for evaluating the validity and applicability of eHealth trials. Subitems describing how the intervention should be reported can also be used for non-RCT evaluation reports. As part of the development process, an evaluation component is essential; therefore, feedback from authors will be solicited, and a before-after study will evaluate whether reporting has been improved.


(*J Med Internet Res* 2011;13(4):e126) doi: [10.2196/jmir.1923](https://doi.org/10.2196/jmir.1923)

Example 2: FERMAT (Fragility fracture caRE MAPPING Tools) study members created a survey to map and evaluate integrated care pathways for hip fractures in elderly patients from low-to-middle income countries in South and SouthEast Asia.¹⁰ Data from this survey tool were used to identify targets for service improvement for hip fracture patients included in the study. In this article, the byline included both the names of individual authors and the name of the group. Names of FERMAT collaborators were listed in the Acknowledgements section of the article.

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■ TRAUMA

Service availability and readiness for hip fracture care in low- and middle-income countries in South and Southeast Asia

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D. Appelbe,
N. Parsons,
S. Lekamwasam,
J-K. Lee,
T. Amphansap,
D. Pandey,
M. Costa,
On behalf of FERMAT
collaborators and the
Global Fragility
Fracture Network Hip
Fracture Audit Special
Interest Group**

From University of
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Aims

The aim of this study was to describe the current pathways of care for patients with a fracture of the hip in five low- and middle-income countries (LMIC) in South Asia (Nepal and Sri Lanka) and Southeast Asia (Malaysia, Thailand, and the Philippines).

Methods

The World Health Organization Service Availability and Readiness Assessment tool was used to collect data on the care of hip fractures in Malaysia, Thailand, the Philippines, Sri Lanka, and Nepal. Respondents were asked to provide details about the current pathway of care for patients with hip fracture, including pre-hospital transport, time to admission, time to surgery, and time to weightbearing, along with healthcare professionals involved at different stages of care, information on discharge, and patient follow-up.

Results

Responses were received from 98 representative hospitals across the five countries. Most hospitals were publicly funded. There was consistency in clinical pathways of care within country, but considerable variation between countries. Patients mostly travel to hospital via ambulance (both publicly- and privately-funded) or private transport, with only half arriving at hospital within 12 hours of their injury. Access to surgery was variable and time to surgery

ranged between one day and more than five days. The majority of hospitals mobilized patients on the first or second day after surgery, but there was notable variation in postoperative weightbearing protocols. Senior medical input was variable and specialist orthogeriatric expertise was unavailable in most hospitals.

Conclusion

This study provides the first step in mapping care pathways for patients with hip fracture in LMIC in South Asia. The previous lack of data in these countries hampers efforts to identify quality standards (key performance indicators) that are relevant to each different healthcare system.

SERVICE AVAILABILITY AND READINESS FOR HIP FRACTURE CARE IN LOW- AND MIDDLE-INCOME COUNTRIES IN SOUTH AND SOUTHEAST ASIA

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Author contributions:

- I. Tabu: Methodology, Conceptualization, Writing – review & editing.
- E. L. Goh: Data curation, Writing – review & editing.
- D. Appelle: Methodology, Conceptualization, Data curation, Writing – review & editing.
- N. Parsons: Methodology, Conceptualization, Writing – review & editing.
- S. Lekamwasam: Data curation, Writing – review & editing.
- T. Amphansap: Data curation, Writing – review & editing.
- D. Pandey: Data curation, Writing – review & editing.
- M. Costa: Methodology, Conceptualization, Writing - original draft.

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Data sharing:

- The data that support the findings of this study are available to other researchers from the corresponding author upon reasonable request.

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Should a change in authorship be desired after the submission of a manuscript for publication, it is also the corresponding author's responsibility to submit a letter of request and explanation to the journal editor, duly signed by all the original authors.^{2,3}

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CHAPTER 2: AUTHORSHIP IN COLLABORATIVE WORK

Jean Anne B. Toral, MD, MSc

The turn of the century saw authorship trends shift from individual to collaborative authorship, as shown by the scientometric evaluation of Sarkar and Pal¹ on Scopus-indexed publications. This research revealed that, from 2001 to 2018, 78% of the studied 3,793 articles had two or more authors. The mean number of authors per joint paper, expressed as the Collaborative Index of Articles, peaked at 5.06 for the same period.¹ This increase in the number of authors per scientific article has been accompanied by a parallel increase in authorship-related concerns, ranging from disputes to outright misconduct. Thus, there is a need for governance to address these challenges. On the other hand, the positive side of this trend is that many more people are getting involved in research and increasing collaborations have resulted in more impactful research. A study which aimed to understand how scientists choose to collaborate on a new topic of research noted that highly cited, impactful scientists have a higher fraction of multitopic collaborations, reflecting their tendency to work with collaborators who share similar interests.²

Collaborative research can take many forms,³ a few examples of which include:

- Two or more faculty members from the same department can collaborate when they have similar interests. These principal collaborators frequently have respective research groups, including fellows, graduate and undergraduate students, trainees, and research staff members.
- A senior researcher and a junior faculty member within the same department might team up for large-scale data collection efforts.
- Collaboration can occur among different departments or colleges within the same institution.
- A private company and the research group of an academic faculty can enter into a partnership, where the private company often provides funding as well.
- Faculty members and graduate students often engage in collaborative research with groups from other institutions.

- Researchers from seemingly unrelated disciplines may collaborate when they discover a common interest or a shared need.
- Multiple research groups from various countries can come together to conduct international studies.

Collaborative work being the trend, there has to be an accurate system to disclose accountability. This refers to disclosing what each person has actually done. In collaborative work, contributorship may be the more appropriate term.

The term contributorship was first suggested by Professor Drummond Rennie, an American physiologist and nephrologist, in 1997 when he was Deputy Editor for the Journal of American Medical Association (JAMA). His group's special communication entitled "When Authorship Fails - A Proposal to Make Contributors Accountable" argued for a radical change in the system of authorship,⁴ proposing the use of the more realistic "contributor" rather than "author". This would require disclosure of the contributions made to the research and the manuscript. In this way, the contributors can accept both credit and responsibility. Rennie et al.⁴ proposed the job-driven identification of contribution as determined by the colleagues themselves. Describing the contributions will be based on discussions and decisions of the group and the order of contributors will be systematic, that is, according to the relative importance of their tasks in the research. Since this call by Rennie's group, many medical publishers have collected contribution statements for work with multiple authors.

Fifteen years after the call of Rennie's group, identification of actual contributions remained confusing. What was lacking was a standardized terminology for contributorship efforts that could readily capture the true nature of the underlying collaboration, answering the question "Who did what?" This was how the **Contributor Roles Taxonomy (CRediT)** came about.

CRediT includes 14 contributor roles for scholarly outputs.^{5,6} Each role has a definition of the specific contribution to the research output (Table 1).

Table 1. The 14 Roles of Contributor Roles Taxonomy (CRediT)^a

Conceptualization	Ideas; formulation or evolution of overarching research goals and aims.
Data curation	Management activities to annotate (produce metadata), scrub data, and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use.
Formal analysis	Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data.
Funding acquisition	Acquisition of the financial support for the project leading to this publication.
Investigation	Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.
Methodology	Development or design of methodology; creation of models.
Project administration	Management and coordination responsibility for the research activity planning and execution.
Resources	Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools.
Software	Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components.
Supervision	Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team.
Validation	Verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs.
Visualization	Preparation, creation and/or presentation of the published work, specifically visualization/data presentation.
Writing - original draft	Preparation, creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation).
Writing - review & editing	Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision – including pre- or post-publication stages.

^aAdapted from Brand et al.

Below is an example of a CRediT contributorship statement.

Zhang San: Conceptualization, Methodology, Software. Priya Singh: Data curation, Writing - Original draft preparation Wang Wu: Visualization, Investigation. Jan Jansen: Supervision. Ajay Kumar: Software, Validation. Sun Qi: Writing - Reviewing and Editing.

Authorship contribution is a must for most journals. Many have adopted CRediT; some encourage its use but do not require it. Other journals, which deem the 14 CRediT taxonomy not reflective of the many things they consider that authors do, adhere to their own unique system e.g., *Annals of Neurology*.⁷ The National Academy of Sciences created the Transparency in Author Contributions in Science (TACS) webpage, which summarizes the authorship standards of many journals.⁸ This initiative aims to enhance transparency and serve as a platform for disseminating and discussing best practices in authorship policies.

What is the prescribed order of authors?

The order of authors is usually systematic, that is, according to the relative importance of the work placed, starting with the one who gave the most substantial contribution. The types of contributions and their significance vary depending on the research discipline. These are discussed by the authors themselves. We must be aware though that the order of authors can sometimes become less objective; complicated by politics, human biases, and even perceptions of others.

Who is the first author, then?

The first author is usually the one who made the most significant intellectual contribution to the work. This includes designing the study, data acquisition and analysis, and manuscript writing. It is, therefore, not based on academic or professional hierarchy but on the inputs and outputs to the work. The second author is the next person with the most contributions, and so forth.

The American Journal Experts (AJE),⁹ a provider of English editing and author services for research publishers including Springer, Nature, and PLOS, lists the duties of first authors:

- make significant, original, and insightful intellectual contributions
- participate in the conception and planning of the study

- generate data through performing experiments, conducting literature reviews, and organizing surveys and interviews
- analyze results through statistical analysis and by generating graphs, tables, and illustrations
- write and edit the manuscript
- help with queries and revisions after submission

Is co-first authorship possible?

Co-first authorship can be encountered in projects that require different areas of expertise. This can also be used when it is hard to figure out who made a larger contribution. In such cases, the co-first authors are denoted by an asterisk or other symbols, "Author A*, Author B*, Author C*," with an accompanying note that they are co-first authors, as recommended by Edanz Team,¹⁰ an international scientific research support service.

This is an example of a paper with two first co-authors.¹¹

RESEARCH ARTICLE

Open Access



Non-additive effects of ACVR2A in preeclampsia in a Philippine population

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Abstract

Background: Multiple interrelated pathways contribute to the pathogenesis of preeclampsia, and variants in susceptibility genes may play a role among Filipinos, an ethnically distinct group with high prevalence of the disease. The objective of this study was to examine the association between variants in maternal candidate genes and the development of preeclampsia in a Philippine population.

Methods: A case-control study involving 29 single nucleotide polymorphisms (SNPs) in 21 candidate genes was conducted in 150 patients with preeclampsia (cases) and 175 women with uncomplicated normal pregnancies (controls). Genotyping for the *GRK4* and *DRD1* gene variants was carried out using the TaqMan Assay, and all other variants were assayed using the Sequenom MassARRAY Iplex Platform. PLINK was used for SNP association testing. Multilocus association analysis was performed using multifactor dimensionality reduction (MDR) analysis.

Results: Among the clinical factors, older age ($P < 1 \times 10^{-4}$), higher BMI ($P < 1 \times 10^{-4}$), having a new partner ($P = 0.006$), and increased time interval from previous pregnancy ($P = 0.018$) associated with preeclampsia. The MDR algorithm identified the genetic variant *ACVR2A* rs1014064 as interacting with age and BMI in association with preeclampsia among Filipino women.

Conclusions: The MDR algorithm identified an interaction between age, BMI and *ACVR2A* rs1014064, indicating that context among genetic variants and demographic/clinical factors may be crucial to understanding the pathogenesis of preeclampsia among Filipino women.

Keywords: Association study, Multifactor dimensionality reduction, Philippines, Preeclampsia, Single nucleotide polymorphism

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Who is the corresponding author?

The ICMJE defines the corresponding author as the individual who communicates with the journal during the manuscript submission, peer review, and publication process (See Chapter 1: Who Is an Author?).

Furthermore, McNutt et al.¹² provides expectations for corresponding authors. Corresponding authors are expected to:

1. ensure that all listed authors have approved the manuscript before submission AND that they receive the submission and substantive correspondence with editors.
2. ensure that all manuscripts, full reviews, and materials comply with the transparency, reproducibility standards, and best practices of both the field and the journal.
3. reveal as appropriate whether the manuscript benefited from the use of editorial services.
4. indicate whether any authors on earlier versions of the manuscript have been removed or new authors added and why.
5. ensure that all authors have certified the author list and contribution description, which are expressed accurately.

The AJE (American Journal Experts) lists corresponding author duties spanning the period from pre-publication to post-publication (Table 2).⁹

Table 2. Corresponding author duties from pre- to post-publication^a

Pre-publication	Post-publication
Prepare a submission-ready manuscript with all necessary auxiliary files	Forward readers' scientific questions to the co-authors, reply with the collective response
Put together a submission package, stay in close contact with the publisher, and follow time schedules	Manage requests for data sharing
Ensure authorship details are correct, have all authors review and approve the final version, get signed consents	Represent co-authors in copyright-related questions

Obtain permissions for the use of copyrighted materials, follow all editorial and submission policies, adhere to ethical practices and guidelines	
Manage open access details, deal with the payment and invoicing, meet specific institutional or funder requirements, add the article to a repository	

^aAdapted from AJE.⁹

Is the first author always the corresponding author?

While the first author often also assumes this role, any of the other authors can also be corresponding author for the manuscript for as long as they are willing and able to fulfill the role as described above. As this role is not a trivial responsibility, the Corresponding Author is typically an established or a senior researcher who belongs to the academic staff and who can assume the responsibilities.

What about the last author?

Some disciplines identify a senior author by listing their name last, even if their contribution is more significant than the middle authors. The senior author is usually a senior member of the research team, someone who organized the project, and who served as a guide to the younger team members. The senior author may be the head of a research group, laboratory, department, or adviser to students and younger colleagues who had more direct work in carrying out the research or the project.

The position of last author can be highly valued because it often indicates the senior author with the highest level of academic and/or supervisory status among the listed authors. Due to the prestige associated with the designation of senior author, a senior author may be last even if he/she had a more significant role in the work product than preceding authors.

Can there be more than one last author?

There can be more than one last author especially with interdisciplinary research and when there are many senior group members who reviewed and analyzed the manuscript data.

In this paper,¹³ the last two authors shared their supervisory roles in their areas of expertise and were hence designated as joint last or senior authors.

Processes and systems



Early-stage innovation report

Institutionalisation of social innovation in health research: the Philippine Gelia Castillo Award

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INTRODUCTION

As low to middle-income countries (LMICs) continue to face persistent health problems, lack of resources and barriers to accessing health services, social innovations in health have emerged as a means to address complex problems in novel, responsive and transformative ways. These innovative solutions—products, services, models, markets or processes—created by multisectoral actors have potential for wider impact if social innovation is institutionalised and integrated into national policies or frameworks.¹ However, the move towards institutionalisation of social innovation requires a paradigm shift where identification and recognition of social innovations are viewed as appropriate and effective mechanisms to meet the health needs of people, particularly the vulnerable or marginalised.

While there is substantial literature on social innovations from high-income countries, there is a scarcity of documented examples in LMICs.² This prompted the Special Programme for Research and Training in Tropical Diseases (ITDR) to launch a global crowdsourcing call to identify social innovations in the global South in 2015 through the first Social Innovation in Health Initiative (SIHI) hub hosted in the University of Cape Town in South Africa. *Partners in Leprosy Action* from the Philippines was one of the 23 social innovations selected for further study and promotion through that global call.³

In 2017, SIHI hubs were established in Malawi, Uganda, the Philippines and Latin

WHAT ARE THE NEW FINDINGS?

- ⇒ The Department of Science and Technology—Philippine Council for Health Research and Development, Department of Health, and Social Innovation in Health Initiative Philippines codeveloped the Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH). GCARSIH is a national award that aims to recognise social innovations that address persistent and systemic health challenges in the Philippines and support these innovations for further development through research.
- ⇒ In its inaugural run in 2020, GCARSIH received 53 eligible entries from across the country. The top three innovations presented unique solutions to the specific health needs and challenges they aimed to address. As part of the incentives for GCARSIH, winners were given a training package for research proposal writing and eligibility for an implementation research and development grant.
- ⇒ This presents an example of how the identification of and research on social innovations in health can be institutionalised into national systems and sustained through strategic engagement.

America and the Caribbean. National and regional innovation calls were made in cooperation with these hubs. These innovation calls aimed not only to document and recognise social innovations in health but also to advocate for institutionalisation of social innovation into national health research and policy agenda. The innovation calls also enabled the creation of informal networks of innovators,

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What about the middle authors or the in-between authors?

After the first author, the authors are usually listed according to their contribution to the work, from the most to the least. If more than one author contributed equally, the corresponding author can ask the journal editor to note this in the publication. One can also order these authors by their seniority in the group, or the degree of difficulty needed to carry out a specific part of the work.

Can there be non-author contributors?

The ICMJE recommends that contributors who do not meet the four authorship criteria (See Chapter 1: Who Is an Author?) should not be listed as authors but should be acknowledged. They may be acknowledged individually or as a group under a single heading, and their contributions specified. All acknowledged individuals must have written permission for this acknowledgment.

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CHAPTER 3: AUTHORSHIP DISCLOSURES

**Sharon Yvette Angelina M. Villanueva, MMSc, PhD, RMicro, DPAM
and Jean Anne B. Toral, MD, MSc**

Writing a manuscript and its eventual submission for publication does not only entail disclosing the contributions of the authors. It also requires informing the reader of the authors' affiliations and possible conflicts of interest.

The World Association of Medical Editors (WAME)¹ defines the existence of a conflict of interest (COI) "when there is a divergence between the individual's private interests and his or her responsibilities to scientific and publishing activities such that a reasonable observer might wonder if the individual's behavior or judgment was motivated by considerations of his or her competing interests." Examples of conflicts of interest include financial relationships, personal relationships or rivalries, academic competition, and intellectual beliefs.²

Is conflict of interest a problem?

By itself, conflict of interest is not a problem. It becomes a problem, according to WAME, when competing interests could unduly influence one's responsibilities in the publication process.¹ As a result, most journals have COI policies requiring authors to disclose potential or actual conflicts of interest related to their study.

The credibility of publications is reflected in the transparency of the activities or relationships (i.e., financial connection, commissioned work) declared by the authors.³ While these declarations may not always be a source of problem or mistrust, disclosures reflect an author's commitment to transparency, which is especially important in obtaining the readers' trust not only in the published article but also in the scientific process.

Upon submission of manuscripts, authors must disclose any activities or relationships they feel may be seen as a potential source of bias or conflict of interest. The ICMJE created a standard disclosure form that can be adopted by its members (Appendix B).

Sources of funds and financial relationships should be appropriately disclosed. These include, but are not limited to

honoraria, paid testimony, employment, project funds, consultancy, ownership of stocks, and patents. These are often identified as possible sources of conflicts of interest as these may influence the research at any of its time points (e.g., planning, implementation, analyses of data, writing of manuscripts, and reports, publication). Participation in selecting a procurement contract with a company where the researcher or his/her relatives have a financial interest should also be declared.⁴

In projects or work that receive funding support from sponsors or companies, whether private or government, individual or institutional, the role of the funding agency should be divulged by the authors, including whether the agency had any role or not in the conduct of the study.

How can an author check whether a conflict of interest exists in his or her work?

The Integrity Coordinating Group of West Australia, in its 2011 Guidelines on Conflict of Interests for the Public Sector,⁵ came up with 6 Ps as an initial assessment of whether there is a conflict of interest or not. Naik adopted these original 6 Ps and provided a research context as follows⁶:

1. Public duty versus private interest: Do I or the research sponsor have personal or financial interests that may conflict or be perceived to conflict with the interests and welfare of the general public?
2. Potentialities: Could there be financial or other intellectual benefits for me, my organization, or research sponsor that could cast doubts on my research and data?
3. Perception: Will others perceive my or my research sponsor's involvement in study conception, study supervision, study design, research conduct, and manuscript writing? Would any bias in research design, sample selection, data reporting, data modification, and manuscript preparation be perceived as a conflict of interest associated with me, my organization, or research sponsor? Are there any risks associated with me, my organization, or research sponsor?

4. Proportionality: Does my or my research sponsors' involvement in all research decisions appear fair and reasonable?
5. Presence of mind: What consequences will I face if I ignore or do not disclose a conflict of interest? Can I give a reasonable answer if editors, reviewers, or readers question my or my research sponsor's involvement?
6. Promises: Have I, my organization, or research sponsor made any promises or commitments in relation to conducting or publishing the research? Do I stand to gain or lose from the promised action/decision?

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CHAPTER 4: ARTIFICIAL INTELLIGENCE (CHATGPT) AND RESEARCH INTEGRITY

Edward H.M. Wang, MD, MSc, Josephine E. Mina, MD, and
Christopher Jay T. Robidillo, RCh, MSc, PhD

ChatGPT (Chat Generative Pre-trained Transformer) is an artificial intelligence (AI)-based tool designed to generate refined and sophisticated responses to user prompts. This large language model (LLM) is trained on a vast data set of text that can converse in many different languages.¹ Released by OpenAI, a California-based AI company, ChatGPT and other similar models have found applications in different fields of industry, with huge potential use in healthcare education and research.^{2,3} ChatGPT 3.5 was free to use upon release, while the later ChatGPT 4.0 version carried a monthly subscription fee.

Benefits range from simple spell check commands to more complicated tasks, such as generating ideas or questions for literature review. ChatGPT is also capable of not only providing a list of research articles on any topic but also writing a comprehensible summary of these articles, with output almost indistinguishable from that written by a human.^{2,4} It can also generate computer codes that can help in data analysis, management of references, and citation, thus speeding up the research process.^{3,5} In other words, ChatGPT offers services that give the researcher more time for activities engaging human intelligence (HI).

Limitations

While having a vast database allows ChatGPT to generate requested manuscripts, this is limited by its tendency to be biased and inaccurate since it is unable to differentiate reliable sources from those that are not.¹ Although “convincingly correct,” it does not provide references for its output – it is trained only to repeat and rearrange data obtained, possibly verbatim, hence the high risk of generating plagiarized statements.⁴

In an analysis of bibliographic citations generated by ChatGPT, Walters and Wilder⁶ documented both fabricated citations and citation errors in both the GPT-3.5 and GPT-4 versions. This generation of factually incorrect responses, also known as

hallucination, has been attributed to difficulties inherent in large language models in distinguishing between regular text and bibliographic data, highlighting the fact that ChatGPT works on a language-processing rather than an information-processing model.

World Association of Medical Editors (WAME) Recommendations

The use of ChatGPT and similar chatbots in scholarly work, both in the classroom and in research, has prompted the issuance of guidelines by the World Association of Medical Editors⁴:

- **Chatbots cannot be authors.** Aside from substantial and intellectual contributions, a researcher must be accountable for an article to be considered an author. ChatGPT cannot approve the final version of an article prior to submission, cannot disclose conflict of interest, and cannot answer questions about reliability.⁷
- ChatGPT is already an inevitable tool in the race for innovation. To ensure research integrity, **transparency about the use of ChatGPT must be demanded.** Authors must specify which chatbot was used and what role it played in helping to write the article.
- **Authors are responsible for verifying information given by chatbots.** This includes citing references, acknowledging original authors of ideas presented, and assessing for potential biases and inaccuracies.
- ChatGPT can evade traditional plagiarism detection tools. Due to its fluency, it is difficult to differentiate its work from a human's output. These are some of the challenges that editors face today; hence, the **tools to screen for contributions of AI must be available to editors.**

Five Priorities for Research

So, how do we respond to generative AI? We can neither ignore it nor disallow its use; in fact, we should harness its potential while remaining vigilant about its weaknesses and defects.

Van Dis et al. provide guidelines for how we should approach ChatGPT!:

1. **Hold on to human verification.** ChatGPT is trained to reproduce text in a convincingly intellectual manner, such

that an unmindful user or reader can accept the generated text as scientific truth. Its use must be coupled with vigilance to its limitations. That said, researchers must take time and effort to fact-check AI generated information.

2. **Develop rules for accountability.** Academic and scientific institutions should help researchers, teachers, students, and staff become better aware of both potentials and limitations of generative AI. Guidelines, unique to each institution, can be developed to allow use of Generative AI with transparency and accountability.
3. **Invest in truly open LLMs.** The dataset used to train ChatGPT is limited to the information it is fed. The dataset is also controlled by its developers, currently composed of a few technology companies with the means to develop AI, making it prone to biases and inaccuracies. Hence, the government, non governmental organizations, universities, or private companies are encouraged to invest in independent, non-profit, open-source LLMs.
4. **Embrace the benefits of AI.** Regardless of its limitations, AI is inevitable. Researchers must learn how to handle it so that they can benefit from its use while limiting biases and inaccuracies.
5. **Widen the debate.** Continuous discussions and debates about AI and LLMs inside and outside universities, involving faculty, students, researchers, and staff, raise awareness and provide information on how best to utilize the technology responsibly. Encourage joining conferences and conventions, which gather all stakeholders, including end-users, technology companies, and publishers, to partake in ongoing discussions to regulate and improve its use.

In an editorial of the ACS Nano by Buriak et al.,⁸ recommendations are proposed for the use of Generative AI in scientific communication:

1. Acknowledge the use of an AI bot in manuscript preparation and clearly identify which part of the manuscript it was used for.

2. Recognize that the output of an AI bot such as ChatGPT is a very early draft of the manuscript that will need further extensive revisions.
3. Do not use text verbatim from ChatGPT.
4. Any citations recommended by ChatGPT must be verified by a domain expert.
5. Do not cite as co-author (for reasons above); ChatGPT cannot be held accountable for the manuscript.
6. Do not accept only what ChatGPT generates; do not allow ChatGPT to limit your creativity.

Use of AI-generated Text in Classrooms

As much as ChatGPT is used in both the classroom and research environment, an institution's policies on Academic Integrity must include proper management of AI-assisted outputs. Teachers must learn about AI, experience using it, and discuss it with colleagues to develop an informed approach to AI.

Moreover, rather than relying only on paper submissions, teachers can encourage critical thinking from students through meaningful, thought-provoking, and personalized tasks and give them the opportunity to discuss outputs through peer reviews, conferences, or oral presentations. Educators should communicate expectations about using AI with students under the premise of a strong teacher-student relationship. AI can be allowed so that they can make use of its advantages, but it must be done responsibly.^{9,10}

The University of the Philippines recognizes the transformative potential of AI. It has pioneered the nation's first PhD program in this domain and established the UP Center for Intelligent Systems.

However, with these technological strides comes the responsibility to ensure the ethical, secure, and beneficial use of AI. Acknowledging this, a framework of guidelines known as the **"University of the Philippines Principles for Responsible and Trustworthy AI"** was created in 2023.¹¹

The framework underscores the ethical design, development, and implementation of AI. It advocates for AI's contribution to the common good, empowerment of the citizenry, and cultural sensitivity, strictly adhering to privacy and accountability. In research and development, the guidelines emphasize human control,

transparency, fairness, safety, and environmental friendliness. Within education, they focus on aligning AI with learning goals, developing skilled AI professionals, capacity building, improving management and delivery, and fostering collaboration. The full details of these principles are elaborated in Appendix C.

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CHAPTER 5: INAPPROPRIATE AUTHORSHIP

Joanna J. Orejola, RPh, MS, PhD

The Responsible Conduct of Research or RCR involves adherence to guidelines and standards that promote trust and accountability in research, one crucial aspect of which is responsible authorship, ensuring that credit is given fairly and that all listed authors have made significant contributions to the work. At the same time, authorship nowadays is used for academic promotion, professional recognition, and even monetary reward. Given these possibilities, authorship can sometimes become a coveted commodity, inappropriately used for trade and barter in the academic and professional world, sidetracked from its goals of simply providing credit and accountability.

In this chapter, we describe the three most common forms of inappropriate authorship—practices that authors should understand run counter to the responsible conduct of research.

Guest authorship is the practice of including the names of influential or well-known individuals, such as experts in the field or the senior or head of the unit where the authors are affiliated. The said individuals may have very little to no contribution at all in writing the actual research or the final paper. This is usually done to increase the chance of the paper getting approved for publication or boost its credibility for higher chances of getting cited.¹⁻⁴

Sample scenario:

A young researcher new to the field wants to ascertain that his paper will get accepted for publication in a high-impact factor journal. He then made e-mail correspondence with a well-known expert on the topic of the research, asking for permission for the expert's name to be included as one of his co-authors. Despite having made only minor comments on the paper prior to publication, the expert agreed to have his name included in the paper.

This can be considered a case of guest authorship since the field expert's name is included as an author despite not making major contributions to the research or the writing of the paper. It is also clear that the intention of including the expert as an author is to increase the chance of getting the paper accepted for publication.

Gift authorship involves the inclusion of names of colleagues in a paper where they have little to no contribution, with the hope that the favor is returned or to return a favor. In the case of the latter, if the favor was securing the fund for the research or the article publication cost, the term is sometimes called **honorary authorship**. If a colleague of a higher position insists on including his/her name as the author since he/she secured the funding for the research or payment of the article publication cost, it can be considered **coercive authorship**.¹⁻⁴

Sample scenario:

A junior investigator's thesis was part of the project of the Department Chair, who secured the funding but never contributed to writing or revising both the proposal and the finished thesis manuscript. As a token of gratitude, the junior investigator listed the Chair as one of the co-authors upon submission of a part of her thesis to a journal for publication.

This is an example of gift authorship, specifically honorary authorship. Securing funding may have enabled the study to proceed, but it cannot be considered a substantial contribution to writing the paper. Acknowledgement of the Chair would have been an appropriate option.

Ghost authors are those who participate in research, data analysis, and/or writing of a manuscript but are not named or disclosed in the author byline or acknowledgments.^{3,4}

Sample scenario:

A research assistant wrote the proposal for a project, collected and interpreted data, and wrote the completed manuscript submitted for publication. In the final paper, the name of the research assistant was written off. However, the names of some of the co-authors were included despite not participating in writing the completed paper and proposal and the execution of the study. The name of the research assistant was excluded from the final manuscript since he was paid to do the tasks he performed and, therefore, was deemed "not an actual part of the research group."

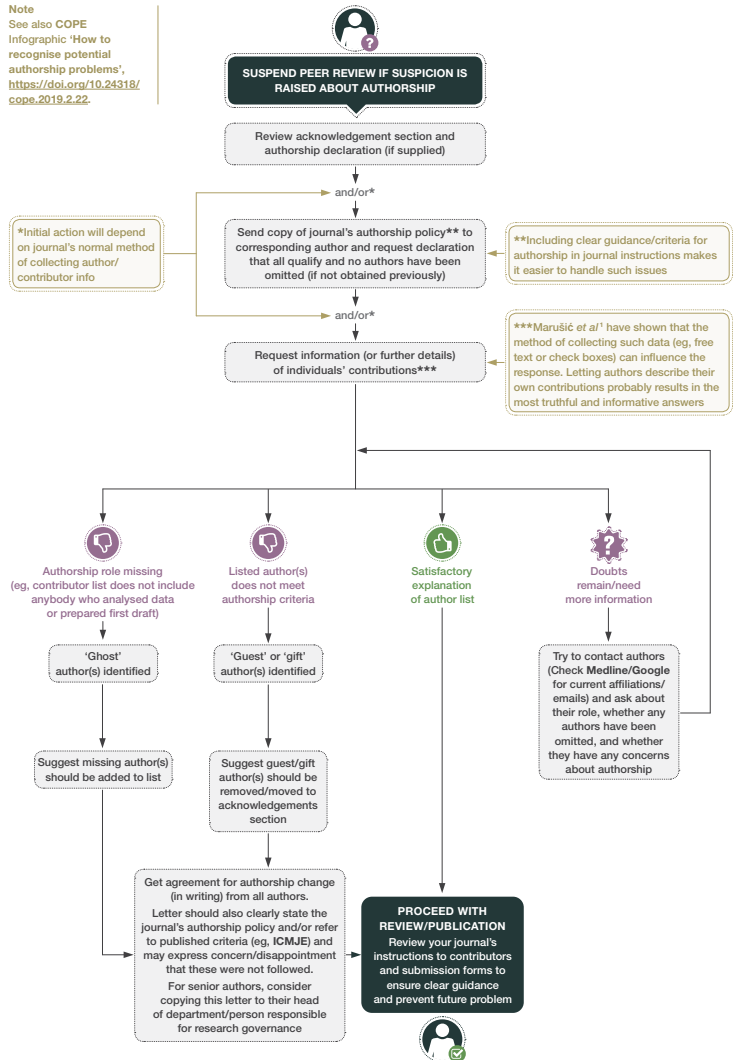
In this case, the research assistant can be considered a ghost author. He was not included despite satisfying all the ICMJE criteria for authorship (See Chapter 1: Who Is an Author? and Chapter 7 Specific Scenarios: Can a Research Assistant/UP REPS be a co-author?). The above can also be an example of gift authorship since there are people included in the paper as authors despite not being involved in any part of the study.

Guidelines Regarding Guest, Gift, or Ghost Authorship

Though these practices may have become commonplace in some research groups, we should be cautious and prudent enough to stop such practices from further propagation. Here are ways we can properly give due credit based on the contributions of each member of the research group.

As early as possible (i.e., writing of the research proposal), the research team should have a written plan about each potential co-author's contribution from the point of writing the research proposal until the publication of the paper or application for patent or utility models (See Chapter 6: Best Practices for Avoiding Authorship Conflicts and Disputes; and Chapter 7: Specific Scenarios "Authorship, Inventorship and Ownership").

Authors can also refer to the flowchart created by the Committee on Publication Ethics (COPE) on what editors can do when there is a suspicion of ghost, guest, or gift authorship in a submitted manuscript (Figure 1).



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Links to other sites are provided for your convenience but COPE accepts no responsibility or liability for the content of those sites.

Figure 1. How to manage ghost, guest, or gift authorship. Adapted from COPE⁵

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CHAPTER 6:

BEST PRACTICES FOR AVOIDING AUTHORSHIP CONFLICTS AND DISPUTES

Jacinto Blas V. Mantaring III, MD, MSc

Determining authorship for a research project is an important aspect of research integrity. Clear and fair authorship practices contribute to the proper recognition of individuals' contributions and help avoid conflicts. Having a mechanism to resolve authorship disputes, as well as having published authorship guidelines in place, is associated with an increase in the trust rating of an institution.¹ Arbitration, however, places the institution in a more difficult situation compared to prevention.² Faulkes opines that researchers and journals should view the potential for disputes as predictable, preventable, and soluble.³

An extensive literature search retrieved several citations; the best practices for avoiding authorship conflicts and disputes are summarized as follows:

Early Discussion⁴⁻⁸

Authorship should be discussed and agreed upon early in the research process. All potential authors should be involved to establish a shared understanding of expectations and contributions. Without early discussion, researchers might assume different levels of involvement or responsibilities, which may lead to disagreement and dispute over authorship during the later stages of the project.

Early discussions help ensure that everyone involved in the project understands the importance of their contributions, responsibility, and accountability as authors. Shared accountability leads to higher-quality work and a stronger commitment to the project's success.

These discussions also promote ethical behavior by ensuring that authorship decisions are made based on intellectual contributions rather than political factors or power dynamics [See Chapter 1: Who Is an Author? and Table 1 Contributor Roles Taxonomy (CRediT)]. By discussing authorship early, researchers can collectively decide how to fairly allocate credit for various contributions, determine the

order of authorship, and prevent situations where some might feel they have been unjustly excluded or underrepresented.

Referring to Established Guidelines

Using authorship guidelines contributes to transparency, fairness, consistency, ethical standards, accurate attribution, and accountability. All existing authorship guidelines (Table 3) are based on determining and agreeing on contributions to both the research and the manuscript.⁹ These include, but are not limited to, designing the study, collecting and analyzing data, interpreting results, and writing the manuscript (See Chapter 2: Authorship in Collaborative Work).

The most critical determinant of authorship is contribution. Substantial contributions are based on intellectual input rather than just routine tasks. This also ensures that authorship accurately reflects the collective effort and expertise in creating quality scholarly work. Moreover, it encourages researchers to take ownership of their contributions even before agreeing to be listed as authors. Crediting only those who contributed significantly to the project promotes research integrity. It also discourages individuals from claiming credit for work they did not actively contribute to but also addresses accountability.

Authorship criteria, such as those proposed by the ICMJE (See Chapter 1: Who Is an Author?), provide guidelines for the research team members, ensuring that everyone understands the expectations and requirements for being listed as an author. In a study in a health science faculty in Jordan,¹⁰ 76.8% agreed that all ICMJE criteria must be met for authorship, and 55.9% believed that it is easy to apply the guidelines. The order of authors reflects their level of contribution, and what was previously defined in Chapter 2: Authorship In Collaborative Work.

Table 3. Authorship Guidelines^a

Document	Produced by
Uniform requirements for submission of manuscripts to biomedical journals	International Committee of Medical Journal Editors (ICMJE)
Role of professional medical writers in developing peer-reviewed publications	European Medical Writers Association (EMWA)
What to do if you suspect ghost, guest or gift authorship	Committee On Publication Ethics (COPE)
How to handle authorship disputes	
White paper on promoting integrity in scientific journal publications	Council of Science Editors (CSE)

^aAdapted from Wager.⁹

Clear Communication and Documentation About Authorship^{2-4,7}

Because “journals do not provide consistent guidance about authorship,” it is vital to encourage healthy communication and engagement among team members.⁴ Researchers are more likely to contribute actively and meaningfully to the project when they understand how their efforts will be recognized. Reaching a consensus on authorship can foster a sense of ownership and shared responsibility for the research outcomes.

Researchers can make informed decisions about their level of involvement based on the expectations for authorship. Some researchers might choose to engage more deeply in the project, knowing that their contributions will be recognized. Open communication about authorship and proper documentation of agreements foster a positive research culture built on trust and collaboration. It demonstrates respect for each team member’s contributions and expertise. In the end, what should be adhered to is what was agreed upon by the different contributors to the publication. This should ideally be documented in writing.

Updating Authorship ^{6-7,11}

Regular meetings should be conducted not only to be updated regarding the status of the project but also to determine that the contributions to the project remain consistent with the authorship agreement. Should there be changes in the contributions of the researchers over the course of the project, changes in the authorship are not unreasonable. There could be additions, subtractions, or changes in the order. These changes should be consistent with the framework governing the initial agreement. Referring to the original documented agreement may be necessary whenever updates are considered.

Suggested framework

1. Upon deciding to embark on a research project, all proponents should meet and decide early on individual roles and responsibilities in conducting the research. It is highly suggested that these be documented in writing. Authorship of the final publication may already be discussed and included among the early agreements. The criteria for authorship (e.g., ICMJE) should also be considered as well as the use of the CRediT framework (See Chapter 2: Authorship in Collaborative Work). Deviations from adopted authorship criteria should likewise be agreed upon.
2. In subsequent meetings, aside from the progress of study conduct and data collection, the discussion on authorship should be reviewed. These include issues such as additions, subtractions, and other changes to the authorship. The original agreements should be updated and well-documented.
3. Upon completion of data collection, during meetings to organize the publication activities, the agreed input should be compared with actual accomplishments so the order of authorship can be finalized. This should be decided prior to the creation of the final manuscript. To ensure transparency and accountability, all agreements should be properly documented and communicated.

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CHAPTER 7: SPECIFIC SCENARIOS

This section presents five commonly encountered scenarios at the University of the Philippines Manila in which issues on authorship can become contentious. These include (1) ownership of case reports, the dilemma arising when there are multiple specialties providing service to a patient; (2) the decision on primary authorship for a student thesis mentored by a faculty adviser; (3) the case of the so-called “silent specialties” of pathology, and radiology who are often not included as co-authors despite their being members of the management team; (4) the perennial question of whether a research assistant or a REPS (Research Extension and Professional Staff) of the University of the Philippines can be a co-author; and, (5) the need to distinguish among inventors, authors of manuscripts describing these inventions, and patent owners; a situation becoming more frequent as innovations and inventions become more popular.

Case Report Ownership

Laurence Lloyd B. Parial, PhD, MA, RN
and Evelyn O. Salido, MD, MSc

Determining authorship of case reports may be challenging when a large multidisciplinary team is involved in the care of the subject of the report. This is a scenario not infrequently seen in tertiary referral centers where there are many clinical specialists and health professionals of various levels of specialization serving patients with complex medical problems.

Scenario:

A 42-year-old male was brought to the emergency room (ER) by his relatives due to a suicidal attempt. Six months prior to admission, the patient was observed to be irritable but sometimes apathetic, with reduced appetite and weight loss. The ER resident suspected major depressive disorder but called the Medicine service due to episodes of shortness of breath and elevated blood pressure. A referral was also made to Neurology due to jerky movements on one side of the body. The Medicine resident, together with a medical

student, and the Neurology resident completed a thorough physical examination and history of the patient. Both services ordered laboratory and imaging procedures to ascertain the diagnosis. Several days after admission, the Neurology service found that the patient was positive for a very rare case of Huntington's disease (possibly the fourth recorded case in the country).

As this was his first time encountering such a case, the medical student was looking forward to studying it further and writing it as a report. The ER resident also decided to follow up on the patient and was thinking of presenting it at an upcoming convention. Meanwhile, the Medicine and Neurology residents had individual plans to write about the case and submit it to their preferred journals.

Who owns the case report above? This question underlines the importance of proper communication and coordination among the healthcare team members managing the patient, as failure to do so might result in unintentional misconduct of submitting similar papers to multiple journals or professional organizations.

Reports from some biomedical journals recommend the following guidelines regarding authorship in case reports¹⁻³:

1. The authors should be limited to those physicians who were directly involved with the case. Other contributors who do not meet all four ICMJE criteria for significant author contributions should be mentioned in the Acknowledgements section instead (See Chapter 1: Who Is an Author?).
2. Depending on the guidelines of the particular unit, the first author can either be the primary attending physician or the individual who identified the diagnosis. The first author had direct contact with the patient and provided the most significant contribution to the report. Some units follow the "first touch" rule, giving the first opportunity to write a report to the first person who saw the patient. If the potential first author is not interested or capable of writing the report, another team member directly involved in the case could serve as the primary author.
3. The senior member of the team, usually the attending physician who provided guidance or supervision in the care of the patient and drafting the report, can be the last author.

4. The co-authors may include another resident, student, or fellow from any specialty services who meet the authorship criteria as stated previously.

In this situation, depending on the rules of the Institution to which they belong, it is either the ER resident (first touch) or the Neurology resident (diagnosis) who has the right to first authorship. The intention to write the case report should be communicated to all the physicians involved in the patient's care. It must be ascertained that no one else has reported the case and inquiry must be made about the interest of the other physicians in writing the report as co-authors. One scenario could very well be that of the ER resident taking the lead and closely collaborating with the Medicine and Neurology residents and the medical student. From then on, all the authors' expected contributions and roles should be identified. Any conflicts in ownership of the case report can be elevated to the concerned individual or office designated to address such matters (See Chapter 8: SOPs for Complaints and Resolutions).

The Department of Medicine of the University of the Philippines-Philippine General Hospital formulated general guidelines on authorship of case reports or case series for patients seen or admitted in any of the department's service areas (Appendix D).⁴ The guidelines emphasize the following:

1. Any healthcare professional planning to write a case report, whether it be the patient's primary attending physician or another member of the healthcare team, should first submit a letter of intent to write the report. The letter contains permission from the co-managing services for the primary author to proceed with the report (Appendix D).
2. The primary attending physician has the first option to be the main author of the report, unless this privilege is given up to another physician involved in the patient's care. In the latter scenario, a request for approval of primary authorship containing permission from the primary and all attending physicians is required (Appendix D).
3. The hierarchy of authors (Table 4) depends on where the patient was attended (inpatient, outpatient, or both, service or pay wards), the primary managing service (general

medicine or subspecialty) and the identified attending physicians (consultant, fellow-in-training, resident, intern, or clinical clerk).

4. Co-managing services are given the option to contribute or become co-authors of the case report. All authors should fulfill the ICMJE recommendations for authorship.
5. Any changes in authorship after initial submission to any forum or journal for publication must be given written approval by all authors.

Table 4. Hierarchy of authors for case reports/series on patients attended at the Department of Medicine, UP-PGH

Where patient was managed	Attending physician	First author	Order of other authors
Outpatient service (OPS) general medicine (GM) continuity clinic	Resident-in-charge (RIC)	Resident-in-charge (RIC)	Supervising senior resident Intern or clinical clerk
OPS subspecialty clinic	Fellow-in-charge (FIC)	Supervising consultant	FIC (fellow-in-charge) Supervising senior FIC
Followed in any OPS clinic but admitted to the GM service wards	FIC or RIC Consultant of the GM admitting service	FIC or RIC in OPS	Consultant of GM admitting service First year RIC Supervising senior RIC Co-managing services- residents of other departments, fellows, intern or clinical clerk
New GM service admission	Consultant of GM admitting service	Consultant of GM admitting service	First year RIC Supervising senior RIC Co-managing services- residents of other departments, fellows, intern or clinical clerk
New pay service admission	Consultant-in-charge	Consultant-in-charge	Co-managing consultants FIC or first year RIC Supervising senior RIC Co-managing residents and fellows

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First or Second? Student-Mentor Authorship for Thesis

Christopher Jay T. Robidillo, RCh, MSc, PhD

Scenario:

An assistant professor is given three years to publish at least one research article—as first author—in any reputable peer-reviewed journal to get tenured in a certain university. Assistant Professor Ted Towk entered the university with a master's degree but without a publication in January 2021. Ted took in Dina Natuto, an undergraduate student, as a thesis advisee in January 2023. Together, they conceptualized their project and designed their research experiments.

Ted was a hands-on thesis adviser who micromanaged a lot; he directed every experiment that Dina performed and helped troubleshoot all the problems that Dina faced during her thesis. However, he did not perform a single experiment himself. Dina obtained great results, which she wrote into a research article of such high quality that Ted ended up editing only the Acknowledgement part of the manuscript.

On the day of submission, Ted—to Dina's surprise—made himself the paper's first author. Ted told Dina that he needs a first-author paper before 2023 ends to get tenured and that Dina will have lots of opportunities to publish research papers as the first author in the future. Was Ted right in making himself the paper's first author?

The situation above highlights the importance of first discussing authorship arrangements prior to or early on during the conduct of any research (See Chapter 5 Best Practices for Avoiding Authorship Disputes and Conflicts). Ted, the thesis adviser, should have first made it clear to Dina, his thesis student, that he intends to make himself the first author in any paper that will come out of their research. His decision to make himself the first author cannot be justified, especially in light of the fact that he did not perform any of the research experiments and barely contributed to the writing of the manuscript.

An argument in support of Ted cannot be made even for him being a micromanager, directing and guiding Dina through all of the challenges she encountered during her experiments, as he is merely performing the duties expected of a responsible thesis adviser. Lastly, it must be mentioned that his need to publish a first-author paper to satisfy his tenorial requirements does not take precedence over Dina's actual major research contributions. Everything being considered, Dina should be the paper's first author.

Clinicians Working with Pathologists and/or Radiologists

Jean Anne B. Toral, MD, MSc

Certain scientific papers, including case reports, need the expertise of pathologists and radiologists – two fields where direct contact with a patient generally does not happen. How should their contribution to scientific work be given recognition?

A study that looked into this issue of case reports from a surgical-related field for a 5-year period (2011 to 2016) showed that 43.6% of pathologists were not acknowledged or included as co-authors, and this goes even higher for radiologists at 81.1%.¹ Histopathologic analysis and radiologic interpretations are considered data acquisition and analysis. Writing those parts in the manuscript is another form of contribution. Their roles also extend to providing insights into the literature review. Furthermore, they enrich the research by offering critical commentary and suggesting revisions to manuscript drafts – all key intellectual contributions.

These are parts of both CRediT and the ICMJE criteria for authorship (See Chapter 1: Who Is an Author? and Chapter 2: Authorship in Collaborative Work). Thus, depending on their contribution to the scientific work, they should be included as authors. If they do not fulfill the ICMJE criteria, they should be at least acknowledged for their contribution.

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Can a Research Assistant/UP REPS be a co-author?

Edward H.M. Wang, MD, MSc
and Katherine Ann V. Reyes, MD, MPP

Scenario:

R.E. 27F is working as a research assistant in the office of Professor P.S. R.E. has finished an undergraduate course and has a master's degree; she is now working on her PhD. She hopes to someday do the same kind of work as Prof P.S. As a research assistant, R.E. participated in literature search and review. She did most of the data collection over the past year, analyzed the data together with the team and, based on her detailed analysis of available literature, contributed many important insights and perspectives that improved the write up of the final manuscript. The team now plans to submit the manuscript for publication. Prof P.S., recognizing R.E.'s exceptional contributions, wants to include R.E. as a co-author but some members of the team do not agree, saying that R.E. should not be an author because what she has accomplished is part of the responsibility that comes with her work as an RA.

This is a fairly common scenario in offices, clinics and laboratories which employ research assistants, better known as RAs. RAs are often younger individuals in the early stages of their academic careers, working to gain experience or to augment their regular income, sometimes to support higher education studies. They are often

assigned the bulk of the leg work and many of them, especially those interested in an eventual academic career (early career researchers) also actively participate in evaluation and analysis of study results. While RAs are welcome/expected to contribute to these tasks, they are often only acknowledged in the final presentation of the manuscript and not recognized as co-authors, even if they sometimes contribute much more than expected. A similar situation can arise in the case of the REPS (Research, Extension and Professional Staff) of the University of the Philippines who may be assigned to or working with senior faculty on research projects.¹

There does not seem to be any specific reason behind this practice but questions from both senior and junior researchers/REPS themselves are being raised, and rightly so, as to the fairness of such a tradition.^{1,2} Based on the criteria for authorship or contributorship, whether it is the ICMJE guidelines or the CRediT Project taxonomy, RAs or REPS who fulfill the criteria can rightfully be considered for co-authorship. The ambiguity stemming from what exactly constitutes 'original and substantive contribution' can muddle the issue and impede awareness of when authorship can be offered or negotiated.¹ Furthermore, the power dynamics in the Researcher-RA relationship can be a deterring factor for the RA, in this case, usually the junior person, to discuss or negotiate for co-authorship.

The issue of RAs being paid and REPS holding salaried research items is also often used as a reason for non-inclusion as authors since "this is their job". However, if they make intellectual contributions to the manuscript, being paid should not waive their rights of getting credit for these contributions. Objective consideration of R.E.'s significant contributions to the project made Prof P.S. initiate the offer of co-authorship. There should be no impediment to this proposition as long as the criteria are sufficiently fulfilled.

It is good for project leaders to realize that RAs and REPS can be scientists or researchers who will benefit from the additional co-authorship. It goes without saying that the possible role of an RA/REPS as a co-author is best discussed prior to initiation of the study as this will cause the least confusion for all parties. As Nelson and Petrova articulate,² "At the heart of this reflection (by the project leader) should be the concern of scientific credit for research work."

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Authorship, Inventorship and Patent Ownership: 3 Different Concepts

Edward H.M. Wang, MD, MSc and Kevin L. Ocampo, RChE

Scenario:

In a university, a professor of Medicine with expertise in lung infections conceived of a reusable face mask with a 99% filtration efficiency rate and a good but comfortable fit for the Filipino face. The mask was envisioned to be biodegradable and cheaper than commercially available standards. The Professor could explain the pathophysiology of lung infections and how the filter worked in relation to different pathogen sizes and airflow patterns, but he did not know how to design such a mask. He got in touch with his colleague, an engineering professor. She has little medical understanding of pathogens and lung infections but has the training and experience to design such a piece of equipment. Together, the two professors created a design for the mask and secured funding for their proposal. The team they formed included a resident trainee in Medicine, a graduate student in Engineering, a research assistant, and a laboratory technician. A prototype was finished by the end of the study period, and a scientific paper describing the mask, and the production process was published in an engineering journal with all six team members as co-authors. As agreed early in the study, the graduate student was the lead author and, as expected, provided the most significant content contribution throughout the writing of the manuscript. A few weeks later, an application for a patent for this mask was filed through the Technology Transfer Office of the University. Only the two professors were named inventors. The university was declared patent owner, the face mask having been created while the inventors were university faculty.

Such scenarios are becoming increasingly more frequent in academic institutions. Important research outputs from Higher Education Institutes now include not only the traditional publications but also patents. The concept of intellectual property (IP) has gained popularity in recent decades, with emphasis and support given to inventions and their corresponding patents. More and more, faculty reputation and professional status are based not just on authorship but also on inventorship and patent ownership. At the same time, financial returns from patent royalties for both the academic institution and the faculty-inventor continue to be additional incentives for institutions and faculty to pursue inventions. Aside from filing for a patent for their inventions, investigators and their project staff often want to describe them in scientific publications, especially when they are groundbreaking innovations. Funding agencies routinely require scientific publications from grantees at the end of the funding period. This gives rise to the so-called PPPs or patent-publication pairs, which refer to patents and publications arising from the same research project and team.¹

Inevitably, disagreement can arise among team members in the assignment of authors, inventors, and owners. Authorship, inventorship, and patent ownership, however, are three different concepts, and the number, names, and sequence of manuscript authors will not necessarily match that of the roster of inventors or even patent owners. Whereas the decision of authorship is based mainly on the amount of contribution to the content and writing of the manuscript and follows the ICMJE guidelines (See Chapter 1: Who is an Author?), inventorship is defined by involvement in the original conception of the invention, while patent ownership is largely legally determined, according to patent law of the country.^{2,3}

An invention is a technical solution to a problem.⁴ It follows, therefore, that inventors are those with technical contribution/s to the solution of an identified problem; meaning, an inventor is one who contributes to the conception of an invention or the claims of a patentable invention. In fact, the original list of inventors during the time of filing of the patent application can change during the prosecution stage and even after the patent has been granted. This is because inventorship is dictated by the claims in the

patent.⁵ Claims can be deleted or amended during prosecution or challenged even after being granted. In other words, inventorship can be changed at any time.

In most jurisdictions, the guiding principle in determining inventorship is “who conceived the invention.” A suggested best practice is to list the technical contributors or inventors (i.e., those involved in the conception and claims) separately from those contributors beyond the conception. Both groups can be incentivized in the technology transfer involving the patent as long as it is well documented and put down in writing.

What about ownership of the patent? According to the Intellectual Property Code of the Philippines (RA 8293), the right to a patent belongs to the inventor/s, their heirs, or assigns. When two or more persons have jointly made an invention, the right to a patent shall belong to them jointly.⁶ By default, the inventor is the patent owner or the applicant of the patent application. No patent may be granted unless the application identifies the inventor.⁷

In a university setting, however, inventorship and patent ownership can be assigned to two different entities. In fact, in most university IP policies, the university owns the patent, which is different from the true and actual inventors. This complies with the IP Code of the Philippines, which views the inventions as being created pursuant to a commission.⁸ The employer or, in this case, the university, becomes the patent owner because the invention results from the performance of the individual’s or inventor’s regularly assigned duties unless there is an agreement, express or implied, to the contrary.⁹ Furthermore, the invention was undertaken while utilizing the time, facilities, and sometimes funding of the university.

References

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CHAPTER 8: SOP FOR COMPLAINTS AND RESOLUTIONS

Rufus Thomas Y. Adducul* and Edward H.M. Wang, MD, MSc*

*co-first authors

Authorship disputes are inevitable. What is important is that there are guidelines to settle these disputes. It must be emphasized, however, that prevention is even more important (See Chapter 6: Best Practices for Avoiding Authorship Conflicts and Disputes), and should disagreements arise despite these best practices, maximum effort should be exerted by all parties involved to settle differences amicably on their own.

In managing authorship dilemmas, researchers face two primary scenarios: (a) those that do not contradict the authorship guidelines (guideline disputes) and (b) those that do (unfair behavior).¹

Guideline disputes, while adhering to prescribed authorship, revolve around the interpretation of an individual's level of contribution. Researchers are encouraged to engage in open dialogue. Should disagreements with authority figures arise, communicating respectfully is crucial, emphasizing the objective nature of the dissent. Escalating to higher institutional authorities is advised only under extraordinary circumstances and with transparent intentions.

Meanwhile, facing potential ethical violations from unfair behavior which violates authorship guidelines poses a more severe dilemma. Researchers may be torn between silent complicity and the risk of career damage. Albert and Wager advocate for a balanced approach¹: firmly, yet with composure, highlighting that unethical authorship practices contradict editorial standards, jeopardizing acceptance of the manuscript for publication or presentation. Documenting these discussions is essential for record-keeping.

This chapter delves into the specific protocols and resources available within our institution to ensure all stakeholders that such conflicts are navigated with clarity, support, and adherence to our shared ethical standards.

Nature of Complaints

For practical purposes, most authorship complaints or guideline disputes can generally be categorized into either: (a) the positioning (or order) of authorship or (b) the inclusion or exclusion of certain individuals from the list of authors.

Complaints on positioning typically involve disputes or concerns related to the order or hierarchy of authors listed in a scholarly work, such as a research paper or an article. It focuses on who should be credited as the primary author, co-author, contributor, or last author and the order in which their names appear.

On the other hand, inclusion and exclusion complaints deal with disagreements related to who should be included or excluded as an author or contributor to a scholarly work. These complaints often hinge on issues of fairness, ethics, and transparency.

Dispute and Conflict Resolution Process

Establishing clear authorship arrangements at the outset of manuscript writing is always recommended. This includes the sequence of authors and the responsibilities that come with the different positions of authorship. Nonetheless, despite regular meetings with updates on both research project status and individual author contributions; conflicts can still emerge.

Our standard protocol for escalating unresolved disputes is shown in Figure 2.

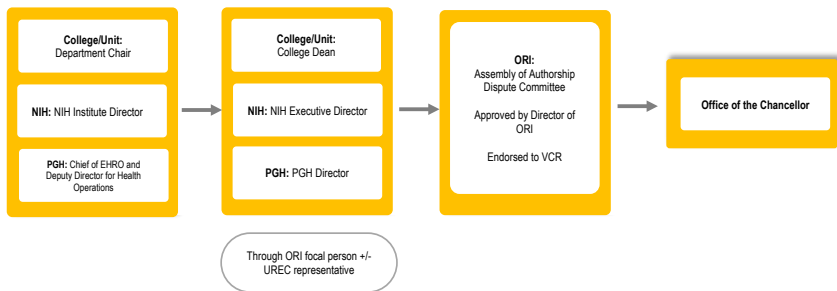


Figure 2. Escalation of unresolved disputes in UP Manila.

Abbreviations: NIH - National Institutes of Health; PGH - Philippine General Hospital; EHRO - Expanded Health Research Office; ORI - Office of Research Integrity; UREC - University Research Executive Council; VCR - Vice Chancellor for Research.

It is always recommended that disputes be resolved among authors themselves. However, if a dispute persists or when it is deemed appropriate by the authors for escalation from the outset (e.g., due to a conflict of interest), the case can be elevated to the Department Chair or an individual previously designated to address such issues, such as the Assistant Chair for Research. In the context of the National Institutes of Health (NIH), the analogous authority of the Department Chair would be the particular Institute Director. In the Philippine General Hospital (PGH), for staff who do not fall under a College's jurisdiction, this person would be the Chief of the Expanded Health Research Office (EHRO) and the Deputy Director for Health Operations (DDHO).

However, if the dispute remains unresolved at the Department level or when it is deemed appropriate by the Department Chair (or NIH Institute Director or Chief of the Expanded Health Research Office (EHRO) and the Deputy Director for Health Operations (DDHO) from the outset, the case can be brought up to the College Dean, NIH Executive Director or PGH Director through their respective Office of Research Integrity (ORI) representatives or focal persons.

Each UPM College or Unit (College of Allied Medical Professions, College of Dentistry, College of Medicine, College of Nursing, College of Pharmacy, College of Public Health, National Institutes of Health, National Teacher Training Center for the Health Professions, PGH - Allied Medical, PGH - Medical, School of Health Sciences) has an ORI focal person (two for PGH) who is part of the expanded team of the ORI.

The ORI focal person can undertake this investigation with the College, NIH, or PGH representative to the University Research Executive Council (UREC). They can also invite other ORI focal person to assist at the College, NIH, or PGH level.

In case the dispute remains unresolved, or if the College, NIH, or PGH ORI focal person deems it necessary to seek higher authority, the case may be elevated to the ORI itself. To initiate this process, the complainant must submit a formal letter of consultation to the ORI through the Office of the Vice Chancellor for Research (OVCR). This letter, reviewed and approved by the ORI focal person, should include a clear and concise summary of the case, along with all

relevant documents. Upon receipt of the letter, the Director of the ORI will then assemble an Authorship Dispute Committee (ADC) comprising an odd number of members chosen from both the core (coordinators) and focal persons. Inclusion or exclusion of the College, NIH, or PGH ORI focal persons from the ADC will depend on the ADC member's declared conflict of interest. After deliberation, recommendations for resolving the case, subject to approval by the Director of ORI and endorsement of the Vice Chancellor for Research (VCR), will be sent to the College, NIH, or PGH.

Should the need arise, the case may be further elevated to the Office of the Chancellor and the Chancellor's Executive Committee. The final decision and resolution of the case, including any potential sanctions, will rest with the College, NIH, or PGH.

If an authorship dispute involves constituents from different Departments within the same College or different Institutes within the NIH, and if initial attempts by the authors themselves to settle the dispute are unsuccessful, the case should be elevated according to a similar hierarchy:

- an initial dialogue between the Department Chairs or Institute Directors or their designated representatives;
- should the case remain unresolved, it is elevated to the ORI focal person of the College or Unit through a letter to the Dean, NIH, or PGH Director;
- still unresolved cases can be further elevated to the ORI, through the Vice Chancellor for Research

Likewise, should the dispute involve constituents from different Colleges or Units, and should initial attempts by the authors to settle the dispute be unsuccessful, the case should be addressed according to a similar hierarchy:

- An initial dialogue between the Department Chairs or Institute Directors or their designated representatives
- If unresolved, the case is elevated for discussion between the two respective ORI focal persons of the involved Colleges or Units through the respective Deans or the NIH or PGH Director
- Still unresolved cases can be further elevated to the ORI, through the Vice Chancellor for Research

The guidelines for the composition of the Authorship Dispute Committee (ADC) are as follows:

- The ADC should have an odd number of members (a minimum of three and a maximum of five members are recommended).
- The ADC will be chaired by the Director or a coordinator of ORI.
- A second member will be the ORI focal person of the College or the NIH or PGH.
- A third member will be a focal person from a college not involved in the conflict.
- If deemed necessary by the ADC Chair, there can be a fourth and a fifth member, both of whom are ORI focal persons who do not belong to the units involved in the conflict.
- All potential members of the ADC should disclose any conflict or potential conflict of interest in the dispute, in which case the nominated members could be inhibited from the committee.
- Membership of the ADC should be made known to the authors prior to their first meeting. The authors can raise concerns about the members' potential biases or conflicts of interest, which should be addressed by the Chair of the Committee or the Director of ORI.
- The Chair of the Committee will finalize the composition of the committee after addressing all of the above and other concerns.
- For conflicts involving two different Units, the ADC composition should be as follows:
 - Director or coordinator of ORI (1)
 - ORI focal persons from the respective Colleges Units (2)
 - ORI focal persons from units not involved in conflict (2)

Authorship Dispute Committee Review Process

An Authorship Dispute Committee (ADC) is formed within 15 days after the OVCR receives a complaint. The committee will provide their recommendation within 30 days of initiating the process. All documents of importance to the case should be

attached to the letter addressed to the OVCR/ORI and endorsed by the College, NIH, or PGH ORI focal person.

All parties involved in the dispute should keep the subject matter and related documents confidential. They can be called to share their perspectives and evidence and should cooperate with the requests of the ADC.

The ADC will submit its recommendation, signed by the ADC Chair and endorsed by the Director of ORI and Vice Chancellor for Research, to the head of the Unit that forwarded the complaint (i.e., College Dean, NIH Executive Director, or PGH Director). The letter will contain (a) a summary of the dispute, including the names of the parties involved, (b) a list of the reviewed documents, (c) the recommendation, and (d) the rationale for the recommendation.

It must be reemphasized that the final decision, including sanctions or penalties if warranted, is left to the College, NIH, or PGH. The ORI and the ADC will only provide recommendations.

Resolving Authorship Disputes for Published Works

Unfortunately, disputes can occur even after a scientific work has been published. These situations pose unique challenges, as the resolution process must account for the permanence of the publication record and its implications for all parties involved.

In such cases, institutions should adopt a structured approach to ensure fairness and integrity. First, the authors or affected parties are encouraged to attempt direct negotiation to address the issue amicably, documenting all discussions for transparency. If unsuccessful, the dispute should be escalated following the protocols outlined above.

It is crucial to involve the journal or publisher early in the process, as they play a pivotal role in implementing changes to the publication record. Should the resolution be a change in the authorship list, recommendations may include issuing a corrigendum, an erratum, or, in severe cases, a retraction of the article.

Guiding Principles in Settlement of Disputes

As the ADC undertakes its role in addressing authorship disputes, it adheres to a set of guiding principles:

- **Fairness:** Ensure all parties concerned are treated equitably.
- **Transparency:** Inform all parties of the ADC's composition and make deliberations and decisions in an open manner.
- **Confidentiality:** Safeguard the issues and involved persons from public disclosure during the entire deliberation process.
- **Early resolution:** Resolve conflicts as soon as possible to avoid delays, which can aggravate and compound the problem.

Reference

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APPENDICES

Appendix A. University of the Philippines System Code for Responsible Conduct of Research

Preamble

Research is a mandate of the University of the Philippines, the National University, and is integral to its vision and mission of national relevance and global competitiveness. Its value and benefit are vitally dependent on the integrity of the entire research process (beginning from inception of ideas to research methodology to output and dissemination) and the trust it generates among both the academic institution and the lay community which it serves. The Philippine and the international community expect research from the University to always be conducted responsibly, ethically and with integrity.

While it is recognized that there are disciplinary and sectoral differences within the University in research organization and procedures; while the primary responsibility of research integrity lies on the individual researcher and institutions; while research includes multidisciplinary and transdisciplinary dimensions, there are universal principles and responsibilities for both researcher and institution that are fundamental to the integrity of research.

This Code enumerates these basic principles and responsibilities and provides a guide for the creation and maintenance of (1) an ethical research culture and (2) a framework for the responsible conduct of research; both of which are necessary foundations for quality research, credibility and trust in the research process. Furthermore, the spirit of the Code is a reflection of the moral leadership of the University of the Philippines and of its time-honored values of honor and excellence.

The code embodies core behaviors of responsible and ethical research across all disciplines. It does not include specific rules and regulations on the conduct of research-these are available in University and Institution Guides. Compliance with this Code is a requirement for all University research.

Principles

These are the fundamental principles of research integrity; they are the hallmark of a responsible conduct of research which guide researchers in their work (from proposal, development to conduct and reporting of research) as well as in their approach to the different challenges inherent to research. These 7 principles are patterned after the APEC (Asia-Pacific Economic Cooperation) Guiding Principles for Research Integrity.

- Honesty (*katapatan*)
 - all information and data are always presented truthfully and accurately from presentation of idea and proposal to eventual publication and dissemination of results
- Responsibility (*pananagutan*)
 - This principle refers to fulfilling the duties and obligations for trustworthy and responsible research; being accountable for actions or decisions and complying with relevant laws, regulations and standards.
 - Consequences and outcomes of research must be considered prior to their dissemination
 - Good research stewardship and management should be practiced including the judicious use of public resources, funds and research grants
 - A responsible research culture must be promoted by both institution and researcher through the training, supervision and mentoring of students and research mentees
- Rigor (*higpit*)
 - the research process is underlined by attention to detail, a robust methodology and the avoidance of but the acknowledgement of bias when it is present
- Transparency (*aninaw/kalinawan*)
 - Researchers and everyone involved in the research process should remain transparent in reporting research methodology, data and findings; and in disclosing and managing conflicts of interest. Sharing research methodology, data and findings should be done openly, responsibly and accurately.

- Respect (*respeto*)
 - for colleagues, research participants, wider community, animals, environment, cultural heritage
 - making sure to keep adverse effects on the environment to a minimum
- Fairness and professional courtesy (*pagkamakatarungan*)
 - This is practiced consistently in the treatment of fellow researchers, most especially in recognizing the work of co-researchers, giving due recognition (citations) and appropriate credit to contributors, including authorship when warranted
- Diversity (*pagkakaiba-iba*)
 - Recognizing and being inclusive of diverse peoples, cultures, knowledges, perspectives and experiences
 - Recognition of the rights of ethnic and religious minorities to be engaged in research that is of significance to them

Responsibilities

Institutions, researchers and funders have responsibilities that must be carried out consistently and conscientiously in order to achieve and maintain a culture of “responsible conduct of research”.

The institution must be able to

- create an environment conducive to research integrity
 - establish an Office of Research Integrity or similar office in the constituent unit (CU)
 - provide appropriate guides and policies readily available in the CU
 - provide adequate and safe facilities to store and archive data and reports
 - pursue honor and excellence in all its undertakings
- provide training to research staff and personnel
 - conduct regular training of officers and staff of Offices of Research Integrity
 - conduct regular updates for all faculty and REPS (research and extension professional staff)

- implement appropriate monitoring and response to allegations of research misconduct
 - institute a monitoring and evaluation plan
 - regularly collect information needed to implement monitoring and evaluation
- assure transparent, just and fair decisions
- adopt the principles of a learning organization
 - share regular updates with stakeholders on the status of implementing policies on Research Integrity
 - conduct research responsive to the agenda of research integrity
 - participate in international collaborative efforts

The researchers must

- undertake the entire research process appropriately and responsibly, from conception of the research idea to its final publication and dissemination, maintaining the principles as stated in the previous section
- support the responsible conduct of research, in both their own and their colleagues' research activities
- promote education and activities in responsible research practice and research integrity for themselves, for peer and for staff and mentees
- report observed misconduct in research through appropriate channels

As partners in research collaborations, both researchers and institutions must

- take collective and individual responsibility of the trustworthiness of the research
- strive for establishing and maintaining the trust of all collaborators
- comply with laws and policies governing research collaborations
- agree to terms mutual to all collaborators with regard purpose and goals of the research, management of resources, monitoring, ownership of data, and research results dissemination

Funders as research partners must

- commit to the most appropriate mechanism of funding that is transparent and will promote responsible conduct of research.

Breaches or violations of Research Integrity

Violations of research integrity, including their definition, categorization and sanctions, will be the subject of a set of policies and guidelines to be issued by the Committee on Research Integrity. The details of investigation and corresponding sanctions are left to the Unit, Institution or College where specific procedures must be in place to handle allegations of research misconduct. All allegations must be promptly and carefully reviewed. The Committee will defer to applicable and existing governing mechanisms over staff misconduct, which will be assessed and meted out by offices handling Human Resource-related matters; applying rules from, for example the Civil Service Commission, UP Employees' Manual, or Student Handbooks and Training Manuals. These cases will ultimately be forwarded to the Committee for oversight.

It is envisioned that with the cumulative experience, collection and study of cases pertaining to research integrity, the Committee can transition into an Office of Research Integrity which will continue to pursue the dual roles of education and oversight in order to maintain a culture of "responsible conduct of research."

Reference

Wang EHM, Balolong M, Mantaring J, Reyes K, Toral J. University of the Philippines Code for Responsible Conduct of Research. 2020. <http://archive.ovcrd.upd.edu.ph/wp-content/uploads/2020/12/UPMCodeforReponsibleConductofResearch-v2.pdf>.

Appendix B. ICMJE Disclosure Form Sample

Date: _____
Your Name: _____
Manuscript Title: _____
Manuscript Number: _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/ Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for testimony	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="484 204 893 280"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" data-bbox="484 346 893 422"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>						
11	Stock or stock options	<input type="checkbox"/> None <table border="1" data-bbox="484 488 893 564"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" data-bbox="484 630 893 707"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>						
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" data-bbox="484 772 893 849"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>						
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <input type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.								

Reference:

International Committee of Medical Journal Editors. Disclosure of Interest. February 2021. <https://www.icmje.org/disclosure-of-interest/>.

Appendix C. University of the Philippines Principles for Responsible and Trustworthy Artificial Intelligence

1. **COMMON GOOD.** AI should benefit the Filipino people in particular, and humanity, in general by fostering inclusive economic growth, effective governance, sustainable development, and enhanced well-being while protecting the environment. AI systems should further the rule of law, human rights, and democracy.
2. **EMPOWERMENT.** AI should promote self-determination and bolster the capacity of humans to shape their future. Particularly, AI must empower vulnerable and marginalized groups.
3. **CULTURAL SENSITIVITY.** AI systems must be culturally responsive and culturally sustaining. Cultural norms, values, beliefs, and practices of users must be respected in designing, developing, and deploying AI systems.
4. **PRIVACY.** AI systems must incorporate privacy-by-design principles. Informed consent from users and maintaining the confidentiality of personal information must be upheld, when users provide information and when the system collects information about the users.
5. **ACCOUNTABILITY.** Individuals, groups, departments, institutes, colleges, and constituent universities involved in the development, deployment, and use of AI must take responsibility for the consequences of their actions. UP shall put into place mechanisms to hold the relevant stakeholders accountable for the AI system's actions and outcomes.

In Research and Development

6. **MEANINGFUL HUMAN CONTROL.** Humans should have decision-making authority over the AI's actions, decisions, and behaviors. AI systems should not operate in an unpredictable or unmanageable manner.
7. **TRANSPARENCY.** People should be able to understand how AI systems work. Individuals should be informed if AI-enabled tools are used. To the extent possible, the methods should be explainable. Finally, users should be able to understand AI-

based outcomes and identify ways to seek remedies to harms that they may cause.

8. **FAIRNESS.** AI should be evaluated for gender bias, other forms of unfairness, and all forms of discrimination, especially in the data, models, and algorithms that are used. Collaborative procedures should be in place to actively identify, mitigate, and remedy these harms. AI developers should be mindful of its unintended consequences.
9. **SAFETY.** AI should never endanger lives. AI systems must function securely and safely. AI systems must be robust. In this context, robustness refers to the capacity of AI systems to endure and surmount adverse circumstances, including digital security threats. Compromising safety and security is unacceptable.
10. **ENVIRONMENT FRIENDLY.** AI should be evaluated in terms of its impacts on sustainability. AI models and tools must minimize risks to the environment. Developers should use computing resources more efficiently.

In Education

11. **PRIMACY OF LEARNING GOALS.** Decisions on the use of AI in teaching should start with the educational needs and priorities of learners, UP shall adopt AI systems that promote learner-centered pedagogy and foster collaborative and social learning. AI shall be used to improve the assessment of multiple dimensions of competencies and outcomes.
12. **HUMAN CAPITAL DEVELOPMENT.** UP shall strengthen existing programs and develop new ones to ensure that the country's AI workforce is highly skilled and ethical. These programs shall target women and other groups that are often excluded.
13. **CAPACITY BUILDING.** All members of the UP community must be AI literate. Additionally, faculty members must be trained in effectively using and integrating AI into teaching and learning practices. These two initiatives are necessary if faculty and students are to jointly innovate and benefit from the new technology as it further evolves.

14. **EDUCATION MANAGEMENT AND DELIVERY.** AI should improve university decision-making; make for more efficient administration, including admissions, enrollment, registration, human resource management, procurement, and inventory; and enable prompt regulatory compliance.
15. **COLLABORATION.** UP shall work with other universities, colleges, and research institutions to share best practices, co-develop AI courses and programs, undertake joint research and development, and advocate for responsible and trustworthy AI.

Reference:

University of the Philippines. UP principles for responsible and trustworthy artificial intelligence. 2023. <https://up.edu.ph/up-principles-for-responsible-artificial-intelligence/>.

Appendix D. General Guidelines on Authorship for Case Reports/Case Series, Department of Medicine, University of the Philippines-Philippine General Hospital

1. Any healthcare professional planning to write a case report about a patient seen or admitted in any service area of the Department of Medicine should first coordinate with the primary attending physician (AP) before gathering data or writing up the report. Authorship issues, if any, should be discussed and resolved. These should both be documented.
2. The recommendations of the International Committee of Medical Journal Editors (ICMJE) should also be one of the bases for deciding on who should be the author/s of the case report. An author is someone who
 - a. Has substantial contributions to the conception or design of the work, or the acquisition, analysis or interpretation of data
 - b. Is involved in drafting the work or revising it critically for important intellectual content
 - c. Is involved in the final approval of the published version of the article
 - d. Agrees 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.

Acquisition of funding, the collection of data, or general supervision of the research group, on their own, do not justify authorship.

All authors must be actively involved in the writing of the case report. In addition, authors should have confidence in the integrity of the contributions of their co-authors. All co-authors should be informed prior to manuscript submission and presentation of the case for publication or conferences. The primary author must assure that all authors included on a paper fulfill the criteria of authorship and all involved who fulfill the criteria have been included as an author.

3. The primary AP has the first option to be the main author if he/she intends to write a case report for his/her patient. The intention to be the author should be put into writing. He/she must be able to perform the authorship roles mentioned above.

Generally, the designated primary AP of a new patient admitted in the Medicine service ward is the General Medicine Service Consultant assigned to supervise the Service Resident-In-Charge who first receives the patient. The exception to this is if the patient already has a primary AP from the outpatient department (OPD) who requested the admission for work-up and management or if the patient is transferred from the private wards by the attending consultant.

For patients admitted in the private wards, the primary AP is of course, the consultant who admitted the patient.

For patients admitted in non-medical service wards or ICUs, the primary AP is the physician in-charge of the patient from the respective primary service.

For patients being seen at the OPD, the primary AP is the physician who undertakes the regular follow-up of the patient, supervising and coordinating patient care. If OPD AP decides to admit the patient for work-up and/or management, he/she must coordinate with the admitting service and other subspecialty services.

For patients being followed-up actively by multiple physicians at the OPD (multidisciplinary cases), the decision regarding authorship should be decided through consensus among the co-managing physicians involved prior to writing the case report. The agreement should be put into writing and signed by all authors.

4. In case the service consultant who is the recognized AP will not write the case report, he or she should still actively participate in the planning, writing, and presentation of the case report. He/she should resolve authorship issues prior to initiation of the case report and other concerns that may arise among the authors.
5. Letter of intent for authorship of case reports by the primary AP should be submitted to the Research Office of the Department of Medicine for documentation. The letter should state all those who will be involved in the write up of the case report.

6. If the primary AP is not interested in writing the case report, the interested health care professional involved in the management of the case should inform the primary AP in writing regarding his/her intent to be the primary author of the case report. Authorship issues should be settled prior to initiating work on the case report. A copy of the formal letter for request for authorship and conforme signed by parties involved should be submitted to the Medicine Research Office of the Department of Medicine for documentation prior to initiation of writing.

For patients being followed-up actively by multiple physicians at the OPD (multidisciplinary cases), the decision regarding authorship should be decided by consensus among the co-managing physicians involved prior to writing the case report. The agreement should be put into writing and signed by all authors. A copy of the formal letter for request for authorship and conforme signed by parties involved should be submitted to the Research Office of the Department of Medicine for documentation prior to initiation of the case report.

7. Any change in authorship after initial submission must be approved by all the authors. This applies to additions, deletions, a change of authorship order or a change to the attribution of contributions. This must be documented and should be submitted to the Research Office of the Department of Medicine.
8. The primary author should obtain a written informed consent from the patient (or the next of kin, if the patient expired during the course of illness). With publication as the final objective of each manuscript, the author is encouraged to identify the targeted journal early during manuscript writing to obtain the prescribed format of the informed consent from specific journals.
9. All co-managing services need to be informed and give their specific permission that they are aware of and agree to the case report. Additionally, co-managing services are given the option to contribute or become co-authors of the case report.
10. Prior to presentation of case reports in any forum or any submission for publication, the final manuscript of the case

report must be submitted to the Research Office of the Department of Medicine. A letter of submission should be signed by all authors. It should state that informed consent from the patient was obtained (i.e., “written informed consent was obtained from the patient for publication of this case report and accompanying images). A copy of the written consent should also be submitted.

11. All listed authors should give their permission (conforme) prior to submitting the case report for presentations or publication.
12. In case of difficulty in settling authorship issues, a mediation meeting will be called by the Assistant Chair for Research.

References:

1. *International Committee of Medical Journal Editors (ICMJE). Defining the Role of Authors and Contributors.* <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>.
2. *BMJ Author Hub. Authorship and contributorship. 2023.* <http://authors.bmj.com/policies/bmj-policy-on-authorship/>.
3. *Rison RA. A guide to writing case reports for the Journal of Medical Case Reports and BioMed Central Research Notes. J Med Case Rep. 2013 7:239. doi:10.1186/1752-1947-7-239.*

SUMMARY OF THE HIERARCHY OF AUTHORS FOR A CASE REPORT

If the case to be reported is a patient of resident in continuity clinic

- Resident-in-charge
- Senior of the resident (supervising resident)
- Intern or clerk

If patient of fellow in the subspecialty clinics

- Supervising consultant in the OPD
- Fellow-in-charge
- Senior fellow supervising the fellow (if applicable)

For patients of residents and fellows in the continuity or subspecialty clinic who are admitted in the general medicine wards: (no matter who requests for the admission)

- Fellow or resident-in-charge in the OPD
- Consultant of the general medicine admitting service
- First year resident-in-charge of the patient
- Supervising Senior resident
- Co-managing services – residents of other departments or fellows of medicine (if applicable)
- Intern or clerk

Patient admitted in the charity service (new)

- Consultant of the general medicine admitting service
- First year resident-in-charge of the patient
- Supervising Senior resident
- Co-managing services- residents of other departments or fellows of medicine (if applicable)
- Intern or clerk

Patient admitted in the Pay service (new)

- Admitting Physician (Consultant)
- Co-managing consultants
- Subspecialty fellow or First year resident-in-charge of the patient (if pt of Gen Med consultant)
- Supervising Senior resident
- Comanaging residents or fellows

REQUEST FOR AUTHORSHIP FROM PRIMARY ATTENDING PHYSICIAN

I, _____, am requesting primary authorship for a case report of a patient under the primary care of _____ (name of primary attending physician) since _____ (date), case number _____, and a diagnosis of _____.

I am aware and fully understand that the following conditions 1-4 must all be met to be an author:

- (1) provided substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- (2) participated in drafting the article or reviewing it critically for important intellectual content;
- (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.

Signature

Date Signed

CONFORME:

I, _____, the primary attending physician of described patient above, am giving the primary authorship for a case report to the requesting author above.

I am aware and fully understand that the following conditions 1-4 must all be met to be an author:

- (1) provided substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- (2) participated in drafting the article or reviewing it critically for important intellectual content;
- (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.

Signature

Date Signed

REQUEST FOR APPROVAL OF AUTHORSHIP FROM MULTIPLE MD's

I, _____, am requesting primary authorship for a case report of a patient under the care of the following:

since _____ (date), case number _____, and a diagnosis of _____.

I am aware and fully understand that the following conditions 1-4 must all be met to be an author:

- (1) provided substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- (2) participated in drafting the article or reviewing it critically for important intellectual content;
- (3) final approval of the version to be published.
- (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.

Signature

Date Signed

CONFORME:

We are giving the primary authorship for a case report to the requesting author above.

We are aware and fully understand that the following conditions 1-4 must all be met to be an author:

- (1) provided substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- (2) participated in drafting the article or reviewing it critically for important intellectual content;
- (3) final approval of the version to be published.
- (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.

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Date Signed: _____

LETTER OF INTENT TO WRITE A CASE REPORT/CASE SERIES

Date

Chair

PGH, Department of Medicine

Vice Chair for Research

PGH, Department of Medicine

In line with our department's agenda to produce quality research, I _____, am writing this letter requesting primary authorship for a case report of _____ (name of patient), _____ (location, Department and Ward/ Room) under the care of the following: (Admitting Physician), (Co-Managing services), since _____ (date), case number _____, and a diagnosis of _____, with a Proposed title of the Case Report _____ (proposed title).

All co-managing services have been informed about this. The following will be my co- authors:

_____ - (contribution)
 _____ - (contribution)

I am aware and fully understand that the following ICMJE criteria must all be met to be an author:

- (1) provided substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- (2) participated in drafting the article or reviewing it critically for important intellectual content;
- (3) final approval of the version to be published.
- (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.

PI Signature

Date Signed

CONFORME:

We are giving the primary authorship for a case report to the requesting author above.

We are aware and fully understand that the following ICMJE criteria must all be met to be an author:

- (1) provided substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- (2) participated in drafting the article or reviewing it critically for important intellectual content;
- (3) final approval of the version to be published.
- (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.

Signature _____ Signature _____

Signature _____ Signature _____
Signature _____ Signature _____

Date Signed: _____

Reference:

Jimeno CA, Punzalan FE, Alejandria MA, Sahagun J, Chua A Jr. General Guidelines in Authorship of Case Reports/Case Series. Department of Medicine, UP-Philippine General Hospital. 2021.



Photo taken during the ORI Strategic Planning in February 10, 2025.



Photo taken during the ORI Strategic Planning in April 8, 2024.

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NOTES

University of the Philippines Manila
The Health Sciences Center