

Journal of Hospital Medicine Author Contribution Form

The *Journal of Hospital Medicine* adheres to the authorship guidelines set by the International Committee of Medical Journal Editors – “Authorship should be based on: (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3” (from www.icmje.org). Authorship is not justified for individuals who simply obtain or provide funding, participate in data collection or general supervision of the research, or serve as head of the group, though such contributors may be acknowledged with their written permission in the Acknowledgements section.

Completion of the author contribution form is not required upon initial manuscript submission. If a revision is requested after initial peer review, the corresponding author should complete this authorship form on behalf of all authors and upload it as Supplementary Material Not for Review. It will appear online as Supporting Information if the article is published. Failure to upload this form will block further manuscript processing.

Corresponding Author: Ramzy H. Rimawi Manuscript Number: _____
(Please print) (e.g. JHM-10-1234)

Manuscript Title: A case of anaphylaxis after a proven penicillin tolerance

Please list authors in the order they appear in the submission.

Author Name: Ramzy H. Rimawi

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input checked="" type="checkbox"/> Conception and design	<input checked="" type="checkbox"/> Drafting of the manuscript	<input checked="" type="checkbox"/> Final approval of the manuscript
<input type="checkbox"/> Acquisition of data	<input type="checkbox"/> Critical revision of the manuscript for important intellectual content	
<input type="checkbox"/> Analysis and interpretation of data		

Author Name: _____

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input type="checkbox"/> Conception and design	<input type="checkbox"/> Drafting of the manuscript	<input type="checkbox"/> Final approval of the manuscript
<input type="checkbox"/> Acquisition of data	<input type="checkbox"/> Critical revision of the manuscript for important intellectual content	
<input type="checkbox"/> Analysis and interpretation of data		

Author Name: _____

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input type="checkbox"/> Conception and design	<input type="checkbox"/> Drafting of the manuscript	<input type="checkbox"/> Final approval of the manuscript
<input type="checkbox"/> Acquisition of data	<input type="checkbox"/> Critical revision of the manuscript for important intellectual content	
<input type="checkbox"/> Analysis and interpretation of data		