ISoP Template: Manuscript Submission to *Drug Safety* Journal

SECTION 1: INTERNAL ADMINISTRATIVE USE

To be completed by the ISoP Executive Secretariat

Reference Number	Date Received	Assigned Reviewers (SB/AB)
ISoP-DS-202X-XXXX		

SECTION 2: AUTHOR IDENTIFICATION

Corresponding Author Information:

- Full Name:
- Affiliation:
- ISoP Membership Number:
- Email Address:
- Phone Number:

Co-Authors:

1. Name: [Full Name] | Affiliation: [Organization]
2. Name: [Full Name] | Affiliation: [Organization]
3. Name: [Full Name] | Affiliation: [Organization]
4. Name: [Full Name] | Affiliation: [Organization] (Add more rows if necessary)

SECTION 3: PROPOSAL DETAILS

Proposed Title:

Structured proposal (Maximum 300 words):

- Background:
- Objectives:
- Methodology:
- Results:
- Conclusion:

Impact Statement (Exactly 5 to 10 lines): Please describe the impact on pharmacovigilance and society.

SECTION 4: DECLARATION OF CONFLICT OF INTEREST (COI)

To be completed by the assigned Scientific Board (SB), Advisory Board (AB), or Executive Committee (EC) members.

Reviewer Name:

[ ] I hereby declare that I have no conflict of interest regarding this proposal. [ ] I confirm that I am not an author or co-author of the submitted manuscript. [ ] I am not affiliated with the authors' primary institutions in a way that compromises my objectivity.

Signature: Date:

SECTION 5: COMMENTS FROM THE REVIEWER (Proposal)

SECTION 6: PRELIMINARY DECISION

To be completed by the Executive Committee

[ ] Approved (Proceed to full manuscript drafting)

[ ] Revision Required (See comments attached)

[ ] Declined (Rationale provided to authors)

SECTION 8: FINAL COMMENTS FROM THE REVIEWER (Full manuscript)

SECTION 9: FINAL DECISION

To be completed by the Executive Committee

[ ] Approved (Proceed to Submission to Drug Safety Journal)

[ ] Revision Required (See comments attached)

[ ] Declined (Rationale provided to authors)