

Manuscript Information Protection Agreement

Date: [Insert Date]

To: [Recipient Name]

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Dear [Recipient Name],

We appreciate your interest in our manuscript titled "[Title of Manuscript]." In light of the proprietary nature of the material contained within, we want to ensure that all information is handled with the utmost confidentiality and care.

By signing this agreement, you acknowledge and agree to the following terms regarding the protection of this manuscript:

- The manuscript and any related materials are confidential and proprietary.
- You will not disclose any information contained in the manuscript to any third parties without prior written consent.
- You will use the information solely for the purpose of reviewing and evaluating the manuscript.
- Upon completion of your review, you will return all copies of the manuscript and related materials or confirm their destruction.

Your signature below indicates your acceptance of these terms and your commitment to maintaining the confidentiality of our work.

Sincerely,

[Your Name]

[Your Position]

[Your Institution]

[Your Contact Information]

Signature: _____

Date: _____