**Application for APC waiver**

The waiver is intended for corresponding authors who can demonstrate financial need. Before manuscript submission, please fill in this form and send it per email to the GMPC editorial office.

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| **Manuscript Title:** | | | | | |
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| **Reasons for waiver requesting:** | | | | | |
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| **Funding received:** Indicate if the funder(s) do not support open access publication | | | | | |
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| **Official use only** | | | | | |
| **Handling Editor** | |  | | | |
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| **Decision** | | | | | |
| **Full waiver**  **(100%)** | **Partial waiver**  **(75%)** | | | **Partial waiver**  **(50%)** | **Rejected** |