

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lucinda

2. Surname (Last Name)
Bateman

3. Date
08-September-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lily Chu MD

5. Manuscript Title
Comment on Smith

6. Manuscript Identifying Number (if you know it)
L15-0447

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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She was a member of the Institute of Medicine Committee that wrote the new clinical diagnostic criteria for Chronic Fatigue Syndrome (ME/CFS) published in 2/2015.

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Dr. Bateman reports she was a member of the Institute of Medicine Committee that wrote the new clinical diagnostic criteria for Chronic Fatigue Syndrome (ME/CFS) published in 2/2015..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Staci

2. Surname (Last Name) _____
Stevens

3. Date _____
08-September-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Lily Chu

5. Manuscript Title _____
First, do no harm: graded exercise therapy and myalgic encephalomyelitis/ chronic fatigue syndrome

6. Manuscript Identifying Number (if you know it) _____
L15-0447

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
International Association of CFS/ME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I was a member of the International Association for Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis Primer Writing Committee.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Ms. Stevens reports other from International Association of CFS/ME, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Lily

2. Surname (Last Name)
Chu

3. Date
27-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
First, do no harm: graded exercise therapy and myalgic encephalomyelitis/ chronic fatigue syndrome

6. Manuscript Identifying Number (if you know it)
L15-0447

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I am involved in research concerning myalgic encephalomyelitis/ chronic fatigue syndrome.

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Dr. Chu reports that she is involved in research concerning myalgic encephalomyelitis/ chronic fatigue syndrome. .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Todd	2. Surname (Last Name) Davenport	3. Date 04-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "First, Do No Harm: Comment on Smith"		
6. Manuscript Identifying Number (if you know it) L15-0447		

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Co-authored clinical practice guidelines for CFS/ME

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Dr. Davenport reports he co-authored clinical practice guidelines for CFS/ME.

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Section 1. Identifying Information

1. Given Name (First Name)
Eleanor

2. Surname (Last Name)
Stein

3. Date
05-September-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lily Chu, MD, MSHS

5. Manuscript Title
(Comment on Smith) First, do no harm: graded exercise therapy and myalgic encephalomyelitis/ chronic fatigue syndrome

6. Manuscript Identifying Number (if you know it)

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