

#### **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.

## Relationships not covered above.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Card 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Daniel	2. Surname (Last Name) Card	3. Date 08-April-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name S. Scott Graham
5. Manuscript Title Conflicts of Interest among Patient and	Consumer Representative	es to FDA Drug Advisory Committees
6. Manuscript Identifying Number (if you ki	now it)	
Continue		
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of inter-	est? ✓ Yes No	
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal Noi	n-Financial Other? Comments
Society for Academic Continuing Medical Education		
Argosy Foundation	<b>✓</b>	
	_	
Section 4. Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V

Card 2



Section 5. Polationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Mr. Card reports personal fees from Society for Academic Continuing Medical Education, personal fees from Argosy Foundation, outside the submitted work; .

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Graham 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Samuel	rst Name)	2. Surname (Last Name Graham	)		3. Date 08-April-2016	
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Conflicts of Inter		Consumer Representat	ives to FDA Dri	ug Advisory C	Committees	
6. Manuscript lder L16-0031	ntifying Number (if you kr	now it)				
Section 2.	The Work Under C	onsideration for Pub	olication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants,	data monitoring		commercial, private foundation, etc.) fo design, manuscript preparation,	r
Section 3.	Relevant financial	activities outside th	e submitted	work.		
of compensation	) with entities as descr	ibed in the instructions.	Use one line fo	or each entity;	elationships (regardless of amount ; add as many lines as you need by months prior to publication.	
Are there any relevant conflicts of interest?  Ves  No						
If yes, please fill o	out the appropriate info	ormation below.				
Name of Entity		Grant? Personal N	Ion-Financial Support?	Other? Co	omments	
Society for Academic Education	Continuing Medical	<b>✓</b>				_
Argosy Foundation		<b>✓</b>				
Section 4.	Intellectual Proper	rty Patents & Copy	rights			
Do you have any	•	ned, pending or issued,		nt to the worl	k? ☐ Yes 🗸 No	

Graham 2



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Kessler 1



Section 1.	ldentifying Inform	ation			
1. Given Name (Fi Molly	rst Name)	2. Surname (Last Na Kessler	me)		3. Date 08-April-2016
4. Are you the cor	responding author?	✓ Yes No			
	5. Manuscript Title Conflicts of Interest among Patient and Consumer Representatives to FDA Drug Advisory Committees				
6. Manuscript lder L16-0031	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsideration for P	ublication		
Did you or your institution <b>at any time</b> 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  Volume  Yes					
Section 3.	Relevant financial	activities outside	the submitted	work.	
of compensation clicking the "Add Are there any rele	) with entities as descri	bed in the instruction ort relationships the st?  Yes	ns. Use one line fo	or each entit	I relationships (regardless of amount ty; add as many lines as you need by 66 months prior to publication.
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Society for Academic Education	Continuing Medical	✓			
Γreato, Inc.					
Argosy					
Section 4.	Intellectual Proper	ty Patents & Co	pyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Kessler 2



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Dr. Kessler reports grants from Society for Academic Continuing Medical Education, personal fees from Treato, Inc., personal fees from Argosy, outside the submitted work;.

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1

Kim



Section 1. Identifying Inform	nation			
Given Name (First Name)	Surname (Last Name)		3. Date	
Sang-Yeon	Kim		11-April-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	r's Name	
5. Manuscript Title Conflicts of interest among patient and	consumer representative	s to FDA drug advisory	/ committees	
6. Manuscript Identifying Number (if you kr L16-0031	now it)	_		
Section 2. The Work Under C				
The Work Under Co	onsideration for Public	cation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere		ita monitoring board, stu	ıdy design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should replace there any relevant conflicts of interesting the second conflicts of	ibed in the instructions. Use port relationships that werest?   Yes No prmation below.	se one line for each en re <b>present during the</b>	tity; add as many lines as you need	
Name of Entity	Grant? Personal Fees? S	n-Financial upport?	Comments	
Society for Academic Continuing Medical Education	<b>✓</b>			
Section 4. Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes V No	

Kim 2



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Dr. Kim reports grants from Society for Academic Continuing Medical Education, outside the submitted work; .

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patent

Ahn 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Seokhoon	2. Surname (Last Name) Ahn	3. Date 21-April-2016
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Conflicts of Interest among Patient and	d Consumer Representatives to FDA Drug Advisory (	Committees
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
Did you or your institution <b>at any time</b> rece	eive payment or services from a third party (government, g but not limited to grants, data monitoring board, study	
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Section 4. Intellectual Prope	rty Patents & Copyrights	
	nned, pending or issued, broadly relevant to the wo	rk? ☑ Yes 🗸 No

Ahn 2



Soction F	
Section 5.	elationships not covered above
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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

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

## Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Inform	nation	
Given Name (First Name) Michele	2. Surname (Last Name) Olson	3. Date 12-September-2016
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name S. Scott Graham
5. Manuscript Title Conflicts of Interest among Patient and	l Consumer Representative	es to FDA Drug Advisory Committees
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Polygant financial		
Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Are there any relevant conflicts of inter-	est? Yes ✓ No	
Section 4. Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

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Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Olson has nothing to disclose.

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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