

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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 four parts.

#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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. Other relationships.

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.

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### Section 1. Identifying Information

1. Given Name (First Name) Aaron M      2. Surname (Last Name) Tejani      3. Effective Date (07-August-2008) 05-October-2018

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Undisclosed conflicts of interest. a comment regarding "Guidelines vs Guidelines?"

6. Manuscript Identifying Number (if you know it)  
L18-0559

### Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

#### The Work Under Consideration for Publication

| Type                                                                                                                                    | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|                                                                                                                                         |                                     |                          |                            |                |            | ADD |
| 2. Consulting fee or honorarium                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|                                                                                                                                         |                                     |                          |                            |                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|                                                                                                                                         |                                     |                          |                            |                |            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|                                                                                                                                         |                                     |                          |                            |                |            | ADD |
| 5. Payment for writing or reviewing the manuscript                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|                                                                                                                                         |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |

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| The Work Under Consideration for Publication |                                     |                          |                            |                |            |     |
|----------------------------------------------|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type                                         | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | ADD |
|                                              |                                     |                          |                            |                |            | X   |
|                                              |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Relevant financial activities outside the submitted work |                                     |                                     |                                     |                                      |                                                                                                                                           |     |
|----------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Type of Relationship (in alphabetical order)             | No                                  | Money Paid to You                   | Money to Your Institution*          | Entity                               | Comments                                                                                                                                  |     |
| 1. Board membership                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                      |                                                                                                                                           | X   |
|                                                          |                                     |                                     |                                     |                                      |                                                                                                                                           | ADD |
| 2. Consultancy                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                      |                                                                                                                                           | X   |
|                                                          |                                     |                                     |                                     |                                      |                                                                                                                                           | ADD |
| 3. Employment                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Lower Mainland Pharmacy Services, BC | Main employer                                                                                                                             | X   |
| 3. Employment                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Therapeutics Initiative (UBC)        | TI pays LMPS for one day a week of my time (plus benefits and mileage/parking). TI pays me an additional one day of wages directly to me. | X   |
|                                                          |                                     |                                     |                                     |                                      |                                                                                                                                           | ADD |
| 4. Expert testimony                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Alexander Holburn Beaudin + Lang LLP | March 2017                                                                                                                                | X   |
|                                                          |                                     |                                     |                                     |                                      |                                                                                                                                           | ADD |

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| Relevant financial activities outside the submitted work      |                          |                                     |                                     |                                                                                                         |                                                                                                                                                       |            |
|---------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Type of Relationship (in alphabetical order)                  | No                       | Money Paid to You                   | Money to Your Institution*          | Entity                                                                                                  | Comments                                                                                                                                              |            |
| 5. Grants/grants pending                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | College of Pharmacists of British Columbia provided funds to the Therapeutics Initiative UBC in my name | July 2014-July 2015 Interprofessional education sessions around BC, Canada                                                                            | ×          |
|                                                               |                          |                                     |                                     |                                                                                                         |                                                                                                                                                       | <b>ADD</b> |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | REACH primary care clinic, Vancouver BC                                                                 | Honorarium for lecture on dabigatran for atrial fibrillation                                                                                          | ×          |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Community and Rural Internal Medicine Society, BC                                                       | Honorarium for lecture on dabigatran for atrial fibrillation                                                                                          | ×          |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | BC Naturopathic Physicians                                                                              | Honorarium for lecture on evidence for hypertension treatment, paid to Therapeutics Initiative (UBC)                                                  | ×          |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Vancouver Island Health Authority Pharmacy Services                                                     | Honoraria for lectures at yearly conference in 2011 and 2012 (one of the lectures was on dabigatran for atrial fibrillation) plus travel expenses     | ×          |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | University of British Columbia Faculty of Medicine                                                      | Lectures for Doctor, Patient, and Society 420 course for medical students and for School of Population and Public health 516 course graduate students | ×          |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Rural emergency medicine continuum of care BC conference                                                | Presentations at conferences in 2014 and 2015 plus travel expenses                                                                                    | ×          |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Whitehorse Physicians and Pharmacists Education Day                                                     | One-day educational session where my colleagues and I provided a series of lectures in 2015 plus travel expenses                                      | ×          |

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|                                                                             |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---|
| 6. Payment for lectures including service on speakers bureaus               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yellowknife Physicians and Pharmacists Education Day                           | One-day educational session where my colleagues and I provided a series of lectures in 2014 plus travel expenses         | × |
| 6. Payment for lectures including service on speakers bureaus               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Kelowna Hospital Rounds and Medical residents Education Day                    | Travel and expenses plus honorarium from the Kelowna Family Practice residency program                                   | × |
| 6. Payment for lectures including service on speakers bureaus               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Best Science Medicine Course, Vancouver BC                                     | Honoraria or presenting at conference in 2016,2017, 2018.                                                                | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                |                                                                                                                          | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                |                                                                                                                          | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
| 9. Royalties                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                |                                                                                                                          | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
| 10. Payment for development of educational presentations                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UBC Psychiatry residency program PGY1 and PGY2                                 | Payment for time spent preparing lectures (2011 and 2012) on critical appraisal.                                         | × |
| 10. Payment for development of educational presentations                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proceeds from College of Pharmacists of British Columbia grant mentioned above | Payment for development of all educational material (including meetings) and for teaching and facilitating all workshops | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
| 11. Stock/stock options                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                |                                                                                                                          | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                |                                                                                                                          | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                |                                                                                                                          | × |
| <b>ADD</b>                                                                  |                                     |                                     |                          |                                                                                |                                                                                                                          |   |

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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### Section 4.

#### Other relationships

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?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

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.

Hide All Table Rows Checked 'No'

SAVE

### Evaluation and Feedback

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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.

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Cait

2. Surname (Last Name)  
O'Sullivan

3. Date  
06-October-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
"Comment on Draznin

6. Manuscript Identifying Number (if you know it)  
L18-0559

### 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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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### 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

Funding for my position as an academic pharmacist is provided by the BC Ministry of Health.

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. O'Sullivan reports and Funding for my position as an academic pharmacist is provided by the BC Ministry of Health..

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Thomas

2. Surname (Last Name)  
Finucane

3. Date  
21-October-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Guidelines vs. guidelines

6. Manuscript Identifying Number (if you know it)  
L18-0559

### 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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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                |
|--------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------|
| Pharmacy Committee of an insurance company | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Honoraria for attending |

### 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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### 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?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Finucane reports personal fees and non-financial support from Pharmacy Committee of an insurance company, outside the submitted work; .

### Evaluation and Feedback

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