

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.

1. Identifying information.

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".

3. Relevant financial activities outside the submitted work.

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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.

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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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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Linda

2. Surname (Last Name)
Joosten

3. Date
01-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Uncertainty about when to anticoagulate patients with atrial fibrillation

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| The Netherlands Organisation for Health Research and Development (ZonMw) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The institution that pays my salary receives funds from the government granting agency called The Netherlands Organisation for Health Research and Development (ZonMw). |

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

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Section 6. Disclosure Statement

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Dr. Joosten reports grants from The Netherlands Organisation for Health Research and Development (ZonMw), during the conduct of the study; .

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Section 1. Identifying Information

| | | |
|--|------------------------------------|-----------------------------|
| 1. Given Name (First Name) Geert-Jan | 2. Surname (Last Name) Geersing | 3. Date 27-February-2019 |
| 4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Manuscript Title Uncertainty about when to anticoagulate patients with atrial fibrillation | | |
| 6. Manuscript Identifying Number (if you know it) L19-0129 | | |

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| ZonMw | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Institutional, unrestricted. For FRAIL-AF, a study among frail elderly for NOAC or VKA in AF |
| Pfizer, Bayer, Boehringer-Ingelheim, Daiichi Sankyo | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Institutional, unrestricted. For FRAIL-AF, a study among frail elderly for NOAC or VKA in AF |

Section 3. Relevant financial activities outside the submitted work.

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| ZonMw | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Institutional, unrestricted. For DUTCH AF; development of an AF registry in the Netherlands |

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 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Sander | 2. Surname (Last Name) van Doorn | 3. Date 28-February-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name L.P.T. Joosten |
| 5. Manuscript Title Letter to Editor 'Uncertainty about when to anticoagulate patients with atrial fibrillation' | | |
| 6. Manuscript Identifying Number (if you know it) L19-0129 | | |

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Dr. van Doorn has nothing to disclose.

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1. Given Name (First Name)
Frans

2. Surname (Last Name)
Rutten

3. Date
01-March-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Linda Joosten

5. Manuscript Title
Uncertainty about when to anticoagulate patients with atrial fibrillation

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L19-0129

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|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Boehringer Ingelheim | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bayer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pfizer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Daiichi Sankyo | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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