

## ICMJE Uniform Disclosure Form for 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 has five parts.

#### 1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

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

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

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Given Name:  Surname:  Effective Date:

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Manuscript Title:

Manuscript Identifying Number (if you know it):

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No

Yes, specify nature of compensation

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| Type of Relationship (in alphabetical order) | No                                  | Money Paid to You        | Money to Your institution | Entity | Comments |       |
|--|-------------------------------------|--------------------------|---------------------------|--------|----------|-------|
| Board membership                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Consultancy                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Employment                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Expert testimony                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
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| Gifts  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | Del × |
|  |                                     |                          |                                     |        |          | Add + |
| Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | Del × |
|  |                                     |                          |                                     |        |          | Add + |
| Honoraria  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | Del × |
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|  |                                     |                          |                           |        |          | Add + |
| Consultancy                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
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|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                           |        |          | Add + |
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**Manuscript Title:**

**Manuscript Identifying Number (if you know it):**

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

No

Yes, specify nature of compensation

### Section 3. Information about relevant financial relationships outside the submitted work.

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If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

| Type of Relationship (in alphabetical order) | No                                  | Money Paid to You        | Money to Your institution | Entity | Comments |       |
|--|-------------------------------------|--------------------------|---------------------------|--------|----------|-------|
| Board membership                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Consultancy                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Employment                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |



ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

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| Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Gifts  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Honoraria  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
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|  |                                     |                          |                                 |        |          | Add + |
| Stock/stock options  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Travel/accommodations<br>expenses covered or<br>reimbursed   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
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(or first)

(or last)

Format example: 07-August-2008

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|  |                                     |                          |                           |        |          | Add + |
| Consultancy                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
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|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                                 |        |          | Add + |
| Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
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|--|-------------------------------------|--------------------------|---------------------------|--------|----------|-------|
| Board membership                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Consultancy                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Employment                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
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| Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Gifts  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                                 |        |          | Add + |
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| Honoraria  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Payment for manuscript<br>preparation  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Patents (planned, pending or<br>issued)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                                 |        |          | Add + |
| Stock/stock options  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Travel/accommodations<br>expenses covered or<br>reimbursed   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Other (err on the side of full<br>disclosure)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |

## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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- Yes, the following relationships/conditions/circumstances are present (explain below):

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

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

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to 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. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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### Section 1. Identifying Information.

**Given Name:**  **Surname:**  **Effective Date:**

(or first)

(or last)

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

**Corresponding author's name:**

**Manuscript Title:**

**Manuscript Identifying Number (if you know it):**

### Section 2. Information about the support of the work under consideration for publication.

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

No

Yes, specify nature of compensation

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| Type of Relationship (in alphabetical order) | No                                  | Money Paid to You        | Money to Your institution | Entity | Comments |       |
|--|-------------------------------------|--------------------------|---------------------------|--------|----------|-------|
| Board membership                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Consultancy                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |
| Employment                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |          | Del x |
|  |                                     |                          |                           |        |          | Add + |



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|--|-------------------------------------|--------------------------|---------------------------------|--------|----------|-------|
| Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Gifts  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
|  |                                     |                          |                                 |        |          | Add + |
| Honoraria  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |        |          | Del × |
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|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                                 |        |          | Add + |
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|  |                                     |                          |                           |        |          | Add + |
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|  |                                     |                          |                                     |        |          | Add + |
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|  |                                     |                          |                                     |        |          | Add + |
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| Patents (planned, pending or<br>issued)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insert |          | Del × |
|  |                                     |                          |                                     |        |          | Add + |
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