

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.

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.

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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) Craig	2. Surname (Last Name) Umscheid	3. Date 24-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil M deGoma
5. Manuscript Title Statins and Cognitive Function: A Systematic Review		
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

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

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

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

Dr. Umscheid has nothing to disclose.

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) Benjamin	2. Surname (Last Name) French	3. Date 24-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil deGoma
5. Manuscript Title Statins and Cognitive Function: A Systematic Review		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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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. French has nothing to disclose.

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) Marisa	2. Surname (Last Name) Schoen	3. Date 02-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil M. deGoma, MD
5. Manuscript Title Statins and Cognitive Function: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M12-3027		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Schoen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Heidenreich	3. Date 02-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name deGoma
5. Manuscript Title "Statins and Cognitive Function: A Systematic Review"		
6. Manuscript Identifying Number (if you know it) M12-3027		

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Dr. Heidenreich has nothing to disclose.

Evaluation and Feedback

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INTERNATIONAL COMMITTEE OF MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) STEVEN 2. Surname (Last Name) ARNOLD 3. Effective Date (07-August-2008) 10/30/13

4. Are you the corresponding author? Yes No

5. Manuscript Title STATINS and COGNITIVE FUNCTION ...

6. Manuscript Identifying Number (if you know it) M12-3027

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.

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, and 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

Handwritten signature and date:

 10/30/13

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TEVA PHARMACEUTICALS	SAB
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIH, PFIZER, BMS, J&J, MERCK	
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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[Signature]
10/30/13

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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	
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD

* 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.

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
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Hide All Table Rows Checked 'No'

SAVE


10/30/13 4

Annals of Internal Medicine AUTHORS' FORM

Manuscript Title _____

By signing below, all authors acknowledge that they have read 1) the statement on authorship, dual commitment, and contribution to authorship and 2) the statement on copyright transfer or federal employment. They also agree to assign the responsibility for changes to galley proofs to one designated author. The name of this author, as well as the name of the corresponding author and the author to receive reprint requests, should be indicated in the Author Information section below. Authors of editorials, letters, On Being a Doctor/Patient pieces, and Book Notes need not designate author contributions. The corresponding author must also sign the acknowledgment statement at the bottom of this page. Authors who do not already receive *Annals* will receive a complimentary copy of the issue in which their article appears (indicate by checking the box under Author Information). This document may be photocopied for distribution to coauthors for their signature. Every author must complete a form. Please mail all copies to Harold Sox, MD, Editor, *Annals of Internal Medicine*, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, USA, or fax to 215-351-2619. Please put your manuscript number at the top of the form.

- Contribution Codes**
- a. Conception and design
 - b. Analysis and interpretation of the data
 - c. Drafting of the article
 - d. Critical revision of the article for important intellectual content
 - e. Final approval of manuscript
 - f. Provision of study materials or patients
 - g. Statistical analyses
 - h. Collection of funding
 - i. Administrative, technical, or logistic support
 - j. Collection and assembly of data

Authorship, Dual Commitment, and Contributions to Authorship

- I have contributed directly to the intellectual content of this paper and have agreed to have my name listed as an author on the final, revised version.
 - For papers with more than one author, I agree to allow the corresponding author to make decisions regarding prepublication release of information in the paper to the media, federal agencies, or both.
 - Financial interests, direct or indirect, that exist or may be perceived to exist for individual authors in connection with the content of this paper have been disclosed to *Annals* in the cover letter. Sources of outside support of the project are named in the cover letter, and the role of funding organizations, if any, in the conduct of the study is described in the Methods section of the manuscript.
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Section 1. Identifying Information

1. Given Name (First Name)
Karl

2. Surname (Last Name)
Richardson

3. Date
03-October-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Emil deGoma

5. Manuscript Title
Statins and Cognitive Function: A Systematic Review

6. Manuscript Identifying Number (if you know it)
M12-3027

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Matthew	2. Surname (Last Name) Mitchell	3. Date 10-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil deGoma
5. Manuscript Title Statins and Cognitive Function: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M12-3027		

Section 2. The Work Under Consideration for Publication

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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)
Emil

2. Surname (Last Name)
deGoma

3. Date
15-October-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Statins and Cognitive Function: A Systematic Review

6. Manuscript Identifying Number (if you know it)
M12-3027

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractual research for non-statin lipid-modifying therapy
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractual research for non-statin lipid-modifying therapy
Regeneron	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractual research for non-statin lipid-modifying therapy
Aegerion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board for non-statin lipid-modifying therapy

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 5. Relationships not covered above

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Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Rader

3. Date 28-October-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name Emil deGoma

5. Manuscript Title Statins and Cognitive Function: A Systematic Review

6. Manuscript Identifying Number (if you know it) M12-3027

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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