

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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4. Intellectual Property.

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

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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)

Sana

2. Surname (Last Name)

Al-Khatib

3. Date

08-April-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review

6. Manuscript Identifying Number (if you know it)

M13-1467

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Bimal

2. Surname (Last Name)
Shah

3. Date
09-April-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sana Al-Khatib

5. Manuscript Title
Rate and Rhythm Control Therapies in Patients with Atrial Fibrillation: A systematic Review

6. Manuscript Identifying Number (if you know it)
M13-1467

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Are there any relevant conflicts of interest? Yes No

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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
Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Cardinal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Castlight	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Janssen Pharmaceutical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Grant
Amylin/BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Grant
Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Grant

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Dr. Shah reports personal fees from Bristol-Myers Squibb, personal fees from Cardinal, personal fees from Castlight, personal fees from Janssen Pharmaceutical, grants from Amgen, grants from Amylin/BMS, grants from Lilly, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Nancy

2. Surname (Last Name)
Allen LaPointe

3. Date
09-April-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Gillian Sanders

5. Manuscript Title
Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review

6. Manuscript Identifying Number (if you know it)
M13-1467

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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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract

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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
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Allen LaPointe reports grants from AHRQ, during the conduct of the study; grants from Pfizer, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Crowley	3. Date 09-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gillian Sanders, PhD
5. Manuscript Title Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M13-1467		

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Dr. Crowley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Dupre	3. Date 10-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sana M. Al-Khatib
5. Manuscript Title Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M13-1467		

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Dr. Dupre has nothing to disclose.

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4. Intellectual Property.

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

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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) Amanda

2. Surname (Last Name) McBroom

3. Date 09-April-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name Gillian Sanders

5. Manuscript Title Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review

6. Manuscript Identifying Number (if you know it) M13-1467

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
Agency for Healthcare Research and Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	funding to DCRI for the project under AHRQ contract 290-2007-10066-I

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. McBroom reports other from Agency for Healthcare Research and Quality, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ranee	2. Surname (Last Name) Chatterjee	3. Date 08-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sanders GD
5. Manuscript Title Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: 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

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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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Dr. Chatterjee 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)
Gillian

2. Surname (Last Name)
Sanders

3. Date
16-April-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review

6. Manuscript Identifying Number (if you know it)
M13-1467

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

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHRQ EPC Systematic Review

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Sanders reports grants from AHRQ, during the conduct of the study; .

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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)

Povsic

3. Date

08-April-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review

6. Manuscript Identifying Number (if you know it)

M13-1467

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Dr. Povsic 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) Andrzej	2. Surname (Last Name) Kosinski	3. Date 11-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M13-1467		

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Are there any relevant conflicts of interest? Yes No

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Dr. Kosinski has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Shveta	2. Surname (Last Name) Raju	3. Date 14-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gillian Sanders
5. Manuscript Title "Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review"		
6. Manuscript Identifying Number (if you know it) M13-1467		

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

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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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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Kong

3. Date
09-April-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Al-Khatib, Sana

5. Manuscript Title
Rate- and Rhythm-Control Therapies in Patients with Atrial Fibrillation: A Systematic Review

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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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Dr. Kong reports grants from AHRQ, during the conduct of the study; .

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1. Given Name (First Name)

2. Surname (Last Name)

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sana Al-Khatib

5. Manuscript Title

Rate-and Rhythm-control Therapies in Patients with Atrial Fibrillation: A Systematic Review

6. Manuscript Identifying Number (if you know it)

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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
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Bristol-Myers Squibb	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Institutional Grant
Glaxo Smith Kline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Grant
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. reports personal fees from Bayer, personal fees from Boehringer Ingelheim, grants and personal fees from Bristol-Myers Squibb, grants from Glaxo Smith Kline, personal fees from Pfizer, outside the submitted work; .

Evaluation and Feedback

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