

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.

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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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Pending: The patent has been filed but not issued

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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) Neesh	2. Surname (Last Name) Pannu	3. Date 04-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amit Garg
5. Manuscript Title Risk of acute kidney injury after initiation of an atypical antipsychotic drug in older adults: a population-based cohort study		
6. Manuscript Identifying Number (if you know it) M13-2796		

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.

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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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Section 6. Disclosure Statement

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Dr. Pannu 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) Danielle	2. Surname (Last Name) Nash	3. Date 04-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amit Garg
5. Manuscript Title Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study		
6. Manuscript Identifying Number (if you know it) M13-2796		

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Are there any relevant conflicts of interest? Yes No

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Ms. Nash 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)

Sonja

2. Surname (Last Name)

Gandhi

3. Date

04-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr. Amit Garg

5. Manuscript Title

Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

6. Manuscript Identifying Number (if you know it)

M13-2796

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Dr. Gandhi 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)
Jeffrey

2. Surname (Last Name)
Reiss

3. Date
04-June-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amit Garg

5. Manuscript Title
Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

6. Manuscript Identifying Number (if you know it)
M13-2796

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Dr. Reiss has nothing to disclose.

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Amit

2. Surname (Last Name)
Garg

3. Date
04-June-2014

4. Are you the corresponding author? Yes No

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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
Dr. Garg received an investigator-initiated grant from Astellas and Roche to support a Canadian Institutes of Health Research study in living kidney donors, and his institution received unrestricted research funding from Pfizer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Garg reports grants from Dr. Garg received an investigator-initiated grant from Astellas and Roche to support a Canadian Institutes of Health Research study in living kidney donors, and his institution received unrestricted research funding from Pfizer. , during the conduct of the study; .

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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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Y. Joseph

2. Surname (Last Name)

Hwang

3. Date

04-June-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Amit Garg

5. Manuscript Title

Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Hwang 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)
Stephanie

2. Surname (Last Name)
Dixon

3. Date
05-June-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joseph Hwang

5. Manuscript Title
Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

6. Manuscript Identifying Number (if you know it)
M13-2796

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Dixon 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)

Salimah

2. Surname (Last Name)

Shariff

3. Date

09-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Amit Garg

5. Manuscript Title

Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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. Shariff 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)
Faisal

2. Surname (Last Name)
Rehman

3. Date
16-June-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

6. Manuscript Identifying Number (if you know it)

M13-2796

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ron

2. Surname (Last Name)
Wald

3. Date
24-June-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Amit Garg

5. Manuscript Title
Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

6. Manuscript Identifying Number (if you know it)
M13-2796

Section 2. The Work Under Consideration for Publication

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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
Alere	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	related to a biomarker for AKI
Thrasos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of scientific advisory board

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Wald reports grants and personal fees from Alere, personal fees from Thrasos, outside the submitted work.

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)
chirag

2. Surname (Last Name)
Parikh

3. Date
19-June-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amit Garg

5. Manuscript Title
Atypical antipsychotic drugs and the risk of acute kidney injury and other adverse outcomes in older adults: a population-based cohort study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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none

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.