

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Benny Yat-Shan	2. Surname (Last Name) Tu	3. Date 02-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr James Brophy
5. Manuscript Title Coronary Revascularization in Diabetic Patients: a Systematic Review and Bayesian Network Meta-analysis		
6. Manuscript Identifying Number (if you know it) M14-0808		

### 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

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

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Dr. Tu 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) Christopher	2. Surname (Last Name) Labos	3. Date 25-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. James Brophy
5. Manuscript Title Coronary Revascularization in Diabetic Patients: a Systematic Review and Bayesian Network Meta-analysis		
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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Dr. Labos has nothing to disclose.

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1. Given Name (First Name) Benjamin	2. Surname (Last Name) Rich	3. Date 25-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Brophy, MD, PhD
5. Manuscript Title Coronary Revascularization in Diabetic Patients: a Systematic Review and Bayesian Network Meta-analysis		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Brophy

3. Date  
26-August-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Coronary Revascularization in Diabetic Patients: a Systematic Review and Bayesian Network Meta-analysis

6. Manuscript Identifying Number (if you know it)  
M14-0808

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