

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Adam

2. Surname (Last Name)
Dunn

3. Date
16-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Financial conflicts of interest and neuraminidase inhibitors for influenza: an analysis of systematic reviews

6. Manuscript Identifying Number (if you know it)
M14-0933

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
National Health & Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APP1045065

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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Dr. Dunn reports grants from the Australian National Health and Medical Research Council during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)

Guy

2. Surname (Last Name)

Tsafnat

3. Date

17-July-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Adam Dunn

5. Manuscript Title

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Dr. Tsafnat has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joel

2. Surname (Last Name)

Hudgins

3. Date

17-July-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Adam Dunn

5. Manuscript Title

Financial conflicts of interest and neuraminidase inhibitors for influenza: an analysis of systematic reviews

6. Manuscript Identifying Number (if you know it)

M14-0933

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Dr. Hudgins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Enrico

2. Surname (Last Name)
Coiera

3. Date
18-July-2014

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

5. Manuscript Title
"Financial conflicts of interest and neuraminidase inhibitors for influenza: an analysis of systematic reviews"

6. Manuscript Identifying Number (if you know it)
M14-0933

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Section 1. Identifying Information

1. Given Name (First Name)
Florence

2. Surname (Last Name)
Bourgeois

3. Date
16-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Dr. Bourgeois 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

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) Diana	2. Surname (Last Name) Arachi	3. Date 17-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "Financial conflicts of interest and neuraminidase inhibitors for influenza: an analysis of systematic reviews"	_____	
6. Manuscript Identifying Number (if you know it) M14-0933	_____	

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.)?

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

Dr. Arachi has nothing to disclose.

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