

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Hutton 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Brian	rst Name)	2. Surname (Last Nar Hutton	ne)		3. Date 11-April-2015		
4. Are you the cor	e you the corresponding author?						
Interventions: Ch		ns	c Reviews Incorp	orating Netwo	ork Meta-Analyses of Healthcare		
Section 2.	The Work Under Co	onsideration for P	ublication				
any aspect of the s statistical analysis,	titution at any time rece ubmitted work (including	ive payment or services but not limited to gran	from a third party		ommercial, private foundation, etc.) for lesign, manuscript preparation,		
Section 3.	Relevant financial	activities outside	the submitted	work.			
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instruction port relationships that est? Yes	ns. Use one line fo	or each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication .		
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Co	mments		
Amgen Canada				meth	ived honoraria for providing hodologic advice related to work meta-analysis		
Section 4.							
	Intellectual Proper				• Eu		
Do you have any	patents, whether plan	ned, pending or issue	ed, broadly releva	nt to the work	Yes ✓ No		

Hutton 2



Section 5. Polationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Hutton reports personal fees from Amgen Canada, outside the submitted work; .

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Hutton 3



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Salanti 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Georgia	2. Surname (Last Name) Salanti	3. Date 14-April-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title The PRSIMA extension statement for	ews incorporating network meta-analysis	
6. Manuscript Identifying Number (if you M14-2385	know it)	_
Section 2. The Work Under	Consideration for Public	ation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	al activities outside the s	ubmitted work.
Place a check in the appropriate boxe of compensation) with entities as des	s in the table to indicate who cribed in the instructions. Us report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication .
Section 4. Intellectual Prop	erty Patents & Copyrig	hts
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

Salanti 2



Section 5. Relationships not severed above
Relationships not covered above
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Chaimani 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Anna	rst Name)	2. Surname (Last Name) Chaimani	3. Date 15-April-2015			
4. Are you the cor	he corresponding author?		Corresponding Author's Name Brian Hutton			
The PRISMA Exte Interventions: Ch	5. Manuscript Title The PRISMA Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-Analyses of Healthcare Interventions: Checklist and Explanations 6. Manuscript Identifying Number (if you know it)					
Section 2.	The Work Under Co	onsideration for Public	cation			
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Section 3.	Relevant financial	activities outside the s	submitted work.			
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer		tionships (regardless of amount dd as many lines as you need by onths prior to publication.		
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts			
Do you have any			oadly relevant to the work?	☐ Yes 🗸 No		

Chaimani 2



Section 5. Relationships not covered above
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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?
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Dr. Chaimani has nothing to disclose.

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Chaimani 3



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Schmid 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Christopher	rst Name)	2. Surname (Last Name) Schmid	3. Date 10-April-2015		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lesley Stewart		
5. Manuscript Title The PRISMA Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-Analyses of Healthcare Interventions: Checklist and Explanations 6. Manuscript Identifying Number (if you know it) M14-2385					
Section 2.	The Week He day C	onsideration for Public			
any aspect of the s statistical analysis, Are there any rel	stitution at any time rece ubmitted work (including	ive payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Schmid 2



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Straus 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Sharon	irst Name) 2. Surname (Last Name) Straus		3. Date 10-April-2015			
4. Are you the cor	responding author? Yes V		Corresponding Author's Name Brian Hutton			
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Continue 2			-			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

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Moher 1



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4. Are you the cor	responding author?	Yes No Corresponding Author's Na Brian Hutton			s Name			
The PRISMA Exte	5. Manuscript Title The PRISMA Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-Analyses of Healthcare Interventions: Checklist and Explanations						ire	
6. Manuscript Ider M14-2385	ntifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	onsiderat	tion for Pub	lication				
	titution at any time recei ubmitted work (including etc.)?				•	•		tc.) for
•	Are there any relevant conflicts of interest? Ves 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.					2 row		
	be removed by pressing			ave more than	i one entity	press the ADD	button to add a	a IOW.
Name of Institut	ion/Company	Grant?	Personal N Fees?	on-Financial Support	Other?	Comments		
Canadian Agency for n Health	Drugs and Technologies	✓						
Pfizer Canada		✓						
Section 3.	Relevant financial	activities	outside the	e submitted	work.			
of compensation	the appropriate boxes in the appropriate boxes in the with entities as descri the box. You should rep	bed in the	instructions.	Use one line fo	or each enti	ity; add as many	lines as you nee	d by
_	evant conflicts of intere		res ✓ No		y	, ,		
	ı							
Section 4.	Intellectual Proper	ty Pate	nts & Copy	rights				
Do you have any	patents, whether plant	ned, pendi	ng or issued,	broadly releva	ant to the w	ork? Yes	✓ No	

Moher 2



Section 5. Relationships not sovered above
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
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Section 6. Disclosure Statement
Disclosure statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Moher reports grants from null, grants from null, during the conduct of the study; .

Evaluation and Feedback

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Moher 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Altman 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Douglas	2. Surname (Last Name) Altman	3. Date 11-April-2015
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name B Hutton
5. Manuscript Title The PRISMA Extension Statement for Ro Interventions: Checklist and Explanatio		views Incorporating Network Meta-Analyses of Healthcare
6. Manuscript Identifying Number (if you k M14-2385	now it)	_
Sartian 2		
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) fo ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyrig	ahts
Do you have any patents, whether plan	ined, pending or issued, br	roadly relevant to the work? Yes ✓ No

Altman 2



Section 5. Relationships not covered above
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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. Altman has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

1

administrative support, etc. **IOANNIDIS**



Section 1.	dentifying Informa	ation				
1. Given Name (First N JOHN	Name)	2. Surname (La	ast Name)		3. Date 17-April-2015	
4. Are you the corresp	oonding author?	Yes ✓	No	Corresponding Author's	Name	
Interventions: Chec	ion Statement for Rep klist and Explanation ying Number (if you kno	S	ematic Revi	ews Incorporating Netv	vork Meta-Analyses	s of Healthcare
14-2385	·					
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						
	mitted work (including l			a monitoring board, study		
Are there any releva	ant conflicts of interes	st? Yes	√ No			
Section 3. Ro	elevant financial a	ctivities out	side the su	ıbmitted work.		
of compensation) w	rith entities as describ	ed in the insti	ructions. Use	ther you have financial one line for each entit present during the 3	y; add as many line	es as you need by
Are there any releva	ant conflicts of interes	st? Yes	✓ No			
Section 4. In	itellectual Propert	y Patents	& Copyrig	hts		
Do you have any pa	tents, whether plann	ed, pending o	r issued, bro	adly relevant to the wo	ork?	No

IOANNIDIS 2



Section 5. Polationships not sovered above
Relationships not covered above
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Royalties: Funds are coming in to you or your institution due to your patent

Jansen 1



Section 1. Identifying Inform	ation			
Given Name (First Name) Jeroen	2. Surname (Last Name) Jansen			3. Date 17-April-2015
4. Are you the corresponding author?	Yes ✓ No	Correspond Brian Hutt	-	or's Name
5. Manuscript Title The PRISMA Extension Statement for Re Interventions: Checklist and Explanation		eviews Incorpo	orating N	etwork Meta-Analyses of Healthcare
6. Manuscript Identifying Number (if you kn M14-2385				
Section 2. The Work Under Co				
The Work Under Co	onsideration for Publ	ication		
Did you or your institution at any time receiving any aspect of the submitted work (including				
statistical analysis, etc.)?				
Are there any relevant conflicts of interest?				
Section 3. Polyvent financial				
Relevant financial	activities outside the	submitted	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. l	Jse one line fo	r each er	ntity; add as many lines as you need by
Are there any relevant conflicts of interes	est? ✓ Yes No			
If yes, please fill out the appropriate info	ormation below.			
	2 Daysonal No	n Einansial		
Name of Entity	Grant? Personal No	Support?	Other •	Comments
Redwood Outcomes			√	Shareholder of Redwood Outcomes. Redwood Outcomes performs contract research, including network meta-analysis. Clients of Redwood
				Outcomes include pharmaceutical

Jansen 2



Soutien A				
Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V				
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?				
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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. Jansen reports other from Redwood Outcomes, outside the submitted work; .				

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Thorlund 1



Section 1. Identifying Inform	nation		
Given Name (First Name)	2. Surname (Last Name)		3. Date
Kristian	Thorlund		27-April-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title The PRISMA Extension Statement for Re Interventions: Checklist and Explanatio		riews Incorporating N	etwork Meta-Analysis of Healthcare
6. Manuscript Identifying Number (if you kr M14-2385	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of intere	est?		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the appropriate boxes in the appropriate boxes in the compensation of compensation of the "Add +" box. You should reject the should	ibed in the instructions. Us	se one line for each er	ntity; add as many lines as you need by
Are there any relevant conflicts of interes	·	- p	
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant? Personal Noi	n-Financial Other?	Comments
Boehringer Ingelheim, Biogen Idec, BTG Celgene, Eli Lilly Gilead, GSK, Janssen, Lundbeck, MSD, Novartis, Novo Nordisk, Pfizer Roche, Takeda, Teva, UCB	, 🗆 🗆		Consulting services fees to Redwood Outcomes, a health economics and outcomes firm that I am a part owner of.
Section 4. Intellectual Proper	4. Data at 0.C.	uhan	
Intellectual Proper	rty Patents & Copyric	gnts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes Vo

Thorlund 2



Section 5.	Relationships not covered above
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analytical service pharmaceutical	part owner of Redwood Outcomes, a health economics and outcomes research firm that provided es, including systematic reviews and network meta-analysis, to a growing range of biotech and companies, including Boehringer Ingelheim, Biogen Idec, BTG Celgene, Eli Lilly Gilead, GSK, Janssen, Novartis, Novo Nordisk, Pfizer, Roche, Takeda, Teva, UCB.

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patent

Mulrow 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Cynthia	rst Name)	2. Surname (Last Name) Mulrow	3. Date 05-November-2013
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hutton
Interventions: Ch		ns	riews Incorporating Network Meta-Analyses of Healthcare
W11 2303			
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	ı) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo

Mulrow 2



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4. Intellectual Property.

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

Relationships not covered above.

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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

Catalá-López 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Ferrán	rst Name)	2. Surname (Last Name) Catalá-López	3. Date 10-April-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr Brian Hutton
		. ,	riews Incorporating Network Meta-Analyses of Healthcare
	ntifying Number (if you kr		
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	stitution at any time rece submitted work (including	ive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyrig	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Catalá-López 2



Section 5. Relationships not covered above
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. Catalá-López has nothing to disclose.

Evaluation and Feedback

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

Catalá-López 3



Instructions

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Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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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.



Section 1.	Identifying Inforn	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Nam Gøtzsche	e)	3. Effective Date (07-August-2008) 12-April-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na Hutton	ame
			c Reviews Incorporating Netwo	ork Meta-Analyses of Healthcare
6. Manuscript Ider M14-2385	ntifying Number (if you k	now 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 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.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
Ту	pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3. Relevant financial

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 submission.

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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	✓					×	
						ADD	
2. Consultancy	✓					X	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Delevent financial activities out	مطه ماد:	aulumité				
Relevant financial activities outs	siae tne	Submitt	tea work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	
Section 4						

Carthau A	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Boutron 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi	rst Name)	2. Surname (Last N Boutron	Name) 3. Date 13-April-2015					
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name					
Interventions: Ch		ns	atic Reviews Incorporating Network Meta-Analyses of Healthcare					
Section 2.	The Work Under Co	onsideration for	Publication					
any aspect of the s statistical analysis,	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	e the submitted work.					
of compensation clicking the "Add) with entities as descri	ibed in the instructi port relationships th	cate whether you have financial relationships (regardless of amoun ions. Use one line for each entity; add as many lines as you need by hat were present during the 36 months prior to publication . No					
Section 4.	Intellectual Proper	ty Patents & Co	iopyrights					
Do you have any			sued, broadly relevant to the work? Yes V No					

Boutron 2



Section 5.							
Section 5.	Relationships not covered above						
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?						
Yes, the following relationships/conditions/circumstances are present (explain below):							
✓ No other rela	No other relationships/conditions/circumstances that present a potential conflict of interest						
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.						
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Boutron 3



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patent

Caldwell 1



Section 1.	Identifying Inform	ation						
1. Given Name (First Deborah	st Name)	2. Surname Caldwell	(Last Name)		3. Date 13-April-2015			
4. Are you the corre	esponding author?	Yes	√ No	Corresponding Author's Na	ame			
5. Manuscript Title The PRISMA Exter	The PRISMA Extension Statement for Reporting of Systematic Reviews							
6. Manuscript Identifying Number (if you know it)								
Section 2.	The Work Under Co	onsideratio	n for Public	ation				
Did you or your inst any aspect of the su statistical analysis, e	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 o	utside the s	ubmitted work.				
of compensation) clicking the "Add	with entities as descri	bed in the in oort relations	structions. Use hips that were	e one line for each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.			
Section 4.	Intellectual Proper	ty Patent	s & Copyrig	hts				
Do you have any	patents, whether planr	ned, pending	or issued, bro	adly relevant to the work	☐ Yes ✓ No</th			

Caldwell 2



Section 5. Relationships not severed above
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?
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Dr. Caldwell has nothing to disclose.

Evaluation and Feedback

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Caldwell 3



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Dickersin	3. Effective Date (07-August-2008) 01-June-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Brian Hutton
			views Incorporating Network Meta-Analyses of Healthcare
6. Manuscript Ider M14-2385	ntifying Number (if you l	know it)	

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	✓					×	
						ADD	
2. Consulting fee or honorarium	✓					×	
						ADD	
Support for travel to meetings for the study or other purposes	✓					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×	
						ADD	
Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	√					×	



The Work Under Consideration for Publication						
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

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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	✓					×
						ADD
2. Consultancy	√					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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						ADD
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						ADD
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						ADD
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						ADD
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						ADD
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						ADD
13. Other (err on the side of full disclosure)	✓			National Eye Instit		×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	
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Hide All Table Rows Checked 'No'

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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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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

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Section 1. Ide	ntifying Information				
Given Name (First Nar Chris	ne) 2. Surr Camer	ame (Last Name) on		3. Date 01-June-2015	
4. Are you the correspor	nding author?	√ No	Corresponding Author's Nam Hutton	ne	
5. Manuscript Title The PRISMA Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-analyses of Health Care Interventions: 6. Manuscript Identifying Number (if you know it) #M14-2385					
Section 2. The	Work Under Consider	ation for Public	cation		
	ted work (including but not l		a third party (government, com ta monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,	
Section 3. Rele	evant financial activiti	es outside the s	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 Vo					
Section 4. Inte	llectual Property Pa	tents & Copyrig	ıhts		
Do you have any pater	nts, whether planned, pen	ding or issued, br	oadly relevant to the work?	☐ Yes 🗸 No	

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Section 5.						
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 follow	Yes, the following relationships/conditions/circumstances are present (explain below):					
No other rela	tionships/conditions/circumstances that present a potential conflict of interest					
	ployed by Cornerstone Research Group Inc., a healthcare consultancy which consults for pharmaceutical, and medical device companies. I was not employed by Cornerstone Research Group Inc. when the written.					
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.					
Section 6.	Disclosure Statement					
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
consults for phai	ports that he is presently employed by Cornerstone Research Group Inc., a healthcare consultancy which rmaceutical, biotechnology and medical device companies. He was not employed by Cornerstone Research the manuscript was written.					

Evaluation and Feedback

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

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