

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)

Tianjing

2. Surname (Last Name)

Li

3. Date

07-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Network Meta-analysis for Clinical Practice Guidelines - A Case Study on First-line Medical Therapies for Primary Open-Angle Glaucoma

6. Manuscript Identifying Number (if you know it)

M15-2367

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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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Li 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) Benjamin

2. Surname (Last Name) Rouse

3. Date 27-January-2016

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

5. Manuscript Title Network Meta-Analysis for Clinical Practice Guidelines – A Case Study on First-Line Medical Therapies for Primary Open-Angle Glaucoma

6. Manuscript Identifying Number (if you know it) M15-2367

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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
National Eye Institute, National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant 1 RC1 EY020140
National Eye Institute, National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant 1 U01 EY020522

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Mr. Rouse reports grants from National Eye Institute, National Institutes of Health during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Kay

2. Surname (Last Name)
Dickersin

3. Date
15-March-2016

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

5. Manuscript Title
"Network Meta-Analysis for Clinical Practice Guidelines ? A Case Study on First-Line Medical Therapies for Primary Open-Angle Glaucoma"

6. Manuscript Identifying Number (if you know it)
M15-2367

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Eye Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Dickersin reports grants from National Eye Institute, 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) Andrea	2. Surname (Last Name) Cipriani	3. Date 16-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianjing Li
5. Manuscript Title Network Meta-Analysis for Clinical Practice Guidelines? A Case Study on First-Line Medical Therapies for Primary Open-Angle Glaucoma		
6. Manuscript Identifying Number (if you know it) M15-2367		

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Dr. Cipriani 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) Anne	2. Surname (Last Name) Coleman	3. Date 06-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianjing Li
5. Manuscript Title Network Metaanalysis for Clinical Practice Guidelines		
6. Manuscript Identifying Number (if you know it) 15-2367		

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

5. 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qiyuan

2. Surname (Last Name) Shi

3. Date 08-January-2016

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

5. Manuscript Title Network Meta-Analysis for Clinical Practice Guidelines – A Case Study on First-Line Medical Therapies for Primary Open-Angle Glaucoma

6. Manuscript Identifying Number (if you know it) M15-2367

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant 1 RC1 EY020140
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant 1 U01 EY020522

Section 3. 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 publication**.

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

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.

Mr. Shi reports grants from National Eye Institute, National Institutes of Health during the conduct of the study; .

Evaluation and Feedback

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