

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.

1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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)
Eugene

2. Surname (Last Name)
Zheng

3. Date
01-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Steven Woloshin

5. Manuscript Title
ClinicalTrials.gov and Drugs@FDA: A comparison of results reporting for new drug approval trials

6. Manuscript Identifying Number (if you know it)
M15-2658

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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. Zheng reports and I was a paid employee of Informulary, Inc while conducting the work..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lisa	2. Surname (Last Name) Schwartz	3. Date 26-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Steven Woloshin
5. Manuscript Title ClinicalTrials.gov and Drugs@FDA: A comparison of results reporting for new drug approval trials		
6. Manuscript Identifying Number (if you know it) M15-2658		

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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 Library of Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract with NLM

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Informulary, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-founder and shareholder in Informulary, Inc., a company that provides data about the benefits, harms and uncertainties of prescription drugs

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1. Given Name (First Name)
Steven

2. Surname (Last Name)
Woloshin

3. Date
26-April-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Deborah	2. Surname (Last Name) Zarin	3. Date 27-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Steven Woloshin
5. Manuscript Title ClinicalTrials.gov and Drugs@FDA: A comparison of results reporting for new drug approval trials.		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ClinicalTrials.gov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Full salary as Director of ClinicalTrials.gov

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Dr. Zarin is the Director of ClinicalTrials.gov.

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Tony

2. Surname (Last Name)

Tse

3. Date

27-April-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Steven Woloshin, MD, MS

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employed as an analyst for ClinicalTrials.gov

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