

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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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)
Alexander

2. Surname (Last Name)
Turchin

3. Date
16-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Continued Statin Prescriptions after Adverse Reactions and Patient Outcomes: a Cohort Study

6. Manuscript Identifying Number (if you know it)
M16-0838

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi-Aventis Groupe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

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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. Turchin reports grants from Sanofi-Aventis Groupe, grants from Merck, outside the submitted work; .

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) Huabing	2. Surname (Last Name) Zhang	3. Date 16-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alexander Turchin
5. Manuscript Title Continued Statin Therapy after Adverse Reactions and Patient Outcomes – A Cohort Study		
6. Manuscript Identifying Number (if you know it) M16-0838		

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

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jorge

2. Surname (Last Name)
Plutzky

3. Date
06-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Continued Statin Therapy after Adverse Reactions and Patient Outcomes ? A Cohort Study"

6. Manuscript Identifying Number (if you know it)
M16-0838

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Dr. Plutzky has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Shubina	3. Date 14-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alexander Turchin
5. Manuscript Title Continued Statin Therapy after Adverse Reactions and Patient Outcomes - A Cohort Study		
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Dr. Shubina has nothing to disclose.

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