

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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Belinda

2. Surname (Last Name)
Smith

3. Date
21-March-2017

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

5. Manuscript Title
"Comparative Effectiveness of Routine Invasive Coronary Angiography for Managing Unstable Angina"

6. Manuscript Identifying Number (if you know it)
16-2420

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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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. Smith 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) Andrew	2. Surname (Last Name) Maclsaac	3. Date 17-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vijaya Sundararajan
5. Manuscript Title Comparative Effectiveness of Routine Invasive Coronary Angiography for Managing Unstable Angina		
6. Manuscript Identifying Number (if you know it)		

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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Dr. Maclsaac 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) Vijaya 2. Surname (Last Name) Sundararajan 3. Date 22-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comparative Effectiveness of Routine Invasive Coronary Angiography for Managing Unstable Angina

6. Manuscript Identifying Number (if you know it)
MS16-2420

Section 2. The Work Under Consideration for Publication

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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
Victorian Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Health and Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Sundararajan reports grants from Victorian Department of Health, grants from National Health and Medical Research Council, 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) ELIZABETH 2. Surname (Last Name) PARATL 3. Date 15/12/16
4. Are you the corresponding author? Yes No
5. Manuscript Title
"COMPARATIVE EFFECTIVENESS OF INVASIVE MANAGEMENT INITIATED BY CORONARY ANGIOGRAPHY ON 12-MONTH SURVIVAL IN UNSTABLE ANGINA".
6. Manuscript Identifying Number (if you know it)
M16-2420

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jodie

2. Surname (Last Name)

Burchell

3. Date

16-December-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Vijaya Sundararajan

5. Manuscript Title

Comparative effectiveness of invasive management initiated by coronary angiography on 12-month survival in unstable angina

6. Manuscript Identifying Number (if you know it)

M16-2420

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Dr. Burchell has nothing to disclose.

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

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Section 1. Identifying Information

1. Given Name (First Name)
Sara

2. Surname (Last Name)
Vogrin

3. Date
19-January-2017

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

5. Manuscript Title
Comparative Effectiveness of Routine Invasive Coronary Angiography for Managing Unstable Angina

6. Manuscript Identifying Number (if you know it)
M16-2420

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 and Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Victorian Department of Health and Human Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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Dr. Vogrin reports grants from National Health and Medical Research Council, grants from Victorian Department of Health and Human Services, during the conduct of the study.

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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) Jongsay	2. Surname (Last Name) Yong	3. Date 02-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vijaya Sundararajan
5. Manuscript Title Comparative Effectiveness of Routine Invasive Coronary Angiography for Managing Unstable Angina		
6. Manuscript Identifying Number (if you know it) M16-2420		

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

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. Yong 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)
Anthony

2. Surname (Last Name)
Scott

3. Date
15-December-2016

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

5. Manuscript Title
Comparative effectiveness of invasive management initiated by coronary angiography on 12-month survival in unstable angina

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Richard

2. Surname (Last Name)

Harper

3. Date

15-December-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Vijaya Sundararajan,

5. Manuscript Title

"Comparative effectiveness of invasive management initiated by coronary angiography on 12-month survival in unstable angina."

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