

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Kenneth | 2. Surname (Last Name) Schulz | 3. Date 01-May-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Boutron |
| 5. Manuscript Title "CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments: a 2017 update and a CONSORT extension for nonpharmacologic trial abstracts" | | |
| 6. Manuscript Identifying Number (if you know it) M17-0046 | | |

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. Schulz 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) Douglas | 2. Surname (Last Name) Altman | 3. Date 01-May-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name I Boutron |
| 5. Manuscript Title CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments: ... | | |
| 6. Manuscript Identifying Number (if you know it) M17-0046 | | |

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.)?

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Dr. Altman has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

| | | |
|---|---|--------------------------------------|
| 1. Given Name (First Name) Philippe | 2. Surname (Last Name) Ravaud | 3. Date 03-May-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name _____ |
| 5. Manuscript Title CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments: a 2017 update and a CONSORT extension for nonpharmacologic trial abstracts | | |
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Member of the CONSORT Group
Director of EQUATOR France and member of the steering group of EQUATOR

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Isabelle

2. Surname (Last Name)

Boutron

3. Date

02-May-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments: a 2017 update and a CONSORT extension for nonpharmacologic trial abstracts

6. Manuscript Identifying Number (if you know it)

M17-0046

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Dr. Boutron has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) David | 2. Surname (Last Name) Moher | 3. Date 02-May-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Isabelle Boutron |
| 5. Manuscript Title CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments: a 2017 update and a CONSORT extension for nonpharmacologic trial abstracts | | |
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