

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)

JESUS

2. Surname (Last Name)

ALVAREZ-GARCIA

3. Date

05-October-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

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Dr. ALVAREZ-GARCIA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
MEYLIN

2. Surname (Last Name)
APHANG

3. Date
23-September-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Devereaux

5. Manuscript Title
"Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy"

6. Manuscript Identifying Number (if you know it)
M17-2341

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Dr. APHANG has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Amal

2. Surname (Last Name)
Bessissow

3. Date
03-October-2017

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

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE_2 PCI Substudy

6. Manuscript Identifying Number (if you know it)
M17-2341

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Dr. Bessissow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bruce	2. Surname (Last Name) Biccard	3. Date 21-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
6. Manuscript Identifying Number (if you know it) M17-2341		

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Section 1. Identifying Information

1. Given Name (First Name) Juan	2. Surname (Last Name) Cata	3. Date 20-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
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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) Matthew	2. Surname (Last Name) CHAN	3. Date 21-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Devereaux PJ
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
6. Manuscript Identifying Number (if you know it) M17-2341		

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

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?

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Section 6. Disclosure Statement

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Dr. CHAN 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) Deborah	2. Surname (Last Name) Cook	3. Date 20-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Devereau
5. Manuscript Title POISE2		
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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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)
Philip

2. Surname (Last Name)
Devereaux

3. Date
05-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Non-Cardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)
M17-2341

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Are there any relevant conflicts of interest? Yes No

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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
Abbott Diagnostics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Covidien	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Octopharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Philips Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche Diagnostics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Advisory board meeting GlaxoSmithKline
Expert panel meeting AstraZeneca
Consultancy meeting for Boehringer-Ingelheim (2014) and Roche Diagnostics (2016)

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Dr. Devereaux reports grants from Abbott Diagnostics, grants from Boehringer Ingelheim, grants from Covidien, grants from Octopharma, grants from Philips Healthcare, grants from Roche Diagnostics, grants from Stryker, outside the submitted work; and Advisory board meeting GlaxoSmithKline
Expert panel meeting AstraZeneca
Consultancy meeting for Boehringer-Ingelheim (2014) and Roche Diagnostics (2016).

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pierre

2. Surname (Last Name)
DIEMUNSCH

3. Date
27-October-2017

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

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

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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
Ambu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of an advisors panel on airway management
Fisher & Paykel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant, paid conference
French Government	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expert at the Court of Appel

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edith

2. Surname (Last Name)
Fleischmann

3. Date
21-September-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy"

6. Manuscript Identifying Number (if you know it)
M17-2341

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Dr. Fleischmann 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) Peggy	2. Surname (Last Name) Gao	3. Date 06-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name P.J. Devereaux
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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I have nothing to disclose.

Evaluation and Feedback

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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) Michelle	2. Surname (Last Name) Graham	3. Date 20-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Devereaux, PJ
5. Manuscript Title "Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy"		
6. Manuscript Identifying Number (if you know it) M17-2341		

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gordon	2. Surname (Last Name) Guyatt	3. Date 23-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PJ Devereaux
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI		
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)

Kim

2. Surname (Last Name)

Jamieson

3. Date

10-July-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

M17-2341

Section 2. The Work Under Consideration for Publication

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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. Jamieson 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) Priya	2. Surname (Last Name) Kumar	3. Date 21-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip Devereaux, M.D., PhD
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
6. Manuscript Identifying Number (if you know it) M17-2341		

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Are there any relevant conflicts of interest? Yes No

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Dr. Kumar 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) ANDRE	2. Surname (Last Name) LAMY	3. Date 25-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PJ DEVEREAUXP
5. Manuscript Title POISE-2		
6. Manuscript Identifying Number (if you know it)		

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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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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)
giovanni

2. Surname (Last Name)
landoni

3. Date
06-October-2017

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

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)
M17-2341

Section 2. The Work Under Consideration for Publication

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. landoni 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)

Yannick

2. Surname (Last Name)

LE MANACH

3. Date

04-October-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Devereaux

5. Manuscript Title

Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

M17-2341

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kate	2. Surname (Last Name) Leslie	3. Date 21-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PJ Devereaux
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
6. Manuscript Identifying Number (if you know it) M17-2341		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Leslie 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)
GABRIELA

2. Surname (Last Name)
MENDOZA

3. Date
22-September-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Aspirin in Patients with previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)
M17-2341

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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. MENDOZA 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)
Christian

2. Surname (Last Name)
Meyhoff

3. Date
21-September-2017

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

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

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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
Ferring Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The department, where I am Head of Research, receives research funding
Merck Sharp & Dohme Corp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The department, where I am Head of Research, receives research funding
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The department, where I am Head of Research, receives indirect research funding

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Meyhoff reports grants from Ferring Pharmaceuticals, grants from Merck Sharp & Dohme Corp., grants from Boehringer Ingelheim, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Marko

2. Surname (Last Name)

Mrkobrada

3. Date

25-September-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

M17-2341

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

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?

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Section 6. Disclosure Statement

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Dr. Mrkobrada has nothing to disclose.

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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) Thomas

2. Surname (Last Name) Painter

3. Date 21-September-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr. P.J. Devereaux

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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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
Australian and New Zealand College of Anaesthetists (ANZCA) Research Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project grants received in 2015 and 2017

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

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Dr. Painter reports grants from Australian and New Zealand College of Anaesthetists (ANZCA) Research Foundation, outside the submitted work; .

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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)

Joel

2. Surname (Last Name)

Parlow

3. Date

04-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

M Graham

5. Manuscript Title

Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

M17-2341

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Parlow has nothing to disclose.

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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)

VENKATARAMANA

2. Surname (Last Name)

PAMIDIMUKKALA

3. Date

23-September-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr.P.J.Devereaux

5. Manuscript Title

ASPIRIN IN PATIENTS WITH PREVIOUS PERCUTANEOUS CORONARY INTERVENTION(PCI) UNDERGOING NON CARDIAC SURGERY: THE POISE -2 PCI SUBSTUDY

6. Manuscript Identifying Number (if you know it)

M17-2341

Section 2. The Work Under Consideration for Publication

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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. PAMIDIMUKKALA 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) Silvia	2. Surname (Last Name) Ramirez	3. Date 31-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name n
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
6. Manuscript Identifying Number (if you know it) M17-2341		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ramirez 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) Daniel

2. Surname (Last Name) Sessler

3. Date 20-September-2017

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

5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it) M17-2341

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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
Canadian Institutes of Health Research	<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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Dr. Sessler reports grants from Canadian Institutes of Health Research, 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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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)

ALBEN

2. Surname (Last Name)

SIGAMANI

3. Date

05-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

PJ DEVEREAUX

5. Manuscript Title

Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. SIGAMANI 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)
Vikas

2. Surname (Last Name)
Tandon

3. Date
20-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. PJ Devereaux

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)
M17-2341

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nicolaas	2. Surname (Last Name) Terblanche	3. Date 21-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip Devereaux
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
6. Manuscript Identifying Number (if you know it) M17-2341		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Terblanche 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) Juan Carlos	2. Surname (Last Name) Villar	3. Date 04-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip Devereaux, MD, PhD
5. Manuscript Title Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy		
6. Manuscript Identifying Number (if you know it) M17-2341		

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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)
Whitlock

3. Date
20-September-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr Devereaux

5. Manuscript Title
Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it)
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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) _____ Denis

2. Surname (Last Name) _____ Xavier

3. Date _____ 22-September-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name _____ Prof. Philip Devereaux, MD, PhD

5. Manuscript Title _____ Aspirin in Patients with Previous Percutaneous Coronary Intervention (PCI) Undergoing Noncardiac Surgery: The POISE-2 PCI Substudy

6. Manuscript Identifying Number (if you know it) _____ M17-2341

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.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cadila Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astra Zeneca India	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi Aventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institutes of Health, National Heart Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol Myers Squibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
United Health	<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

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.

Dr. Xavier reports grants from Cadila Pharmaceuticals , grants from Boehringer Ingelheim, grants from Astra Zeneca India, grants from Sanofi Aventis, grants from Pfizer, grants from National Institutes of Health, National Heart Lung and Blood Institute, grants from Bristol Myers Squibb, grants from United Health , outside the submitted work; .

Evaluation and Feedback

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

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.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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) Salim	2. Surname (Last Name) Yusuf	3. Date 04-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Devereaux
5. Manuscript Title Aspirin in those undergoig non cardiac surgery		
6. Manuscript Identifying Number (if you know it) 		

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.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants and speaking fees
Astra Zeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants and speaking fees
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Cadila	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

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.

Dr. Yusuf reports grants and personal fees from Bayer, grants and personal fees from Astra Zeneca, grants from Boehringer Ingelheim, grants from Cadila , outside the submitted work; .

Evaluation and Feedback

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