

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".

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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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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Mark

2. Surname (Last Name) _____
Eckman

3. Date _____
20-February-2018

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

5. Manuscript Title
Variation in Published Stroke Rates Results in Wide Variation in the Net Clinical Benefit of Anticoagulation for Atrial Fibrillation

6. Manuscript Identifying Number (if you know it)
M17-2762

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
Boehinger-Ingelheim Pharmaceuticals, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Rhythm Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Center for Advancing Translational Sciences (NIH – UL1TR000077-05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer Educational Group, Bristol-Myers Squibb/Pfizer Education Consortium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cystic Fibrosis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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

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Section 6. Disclosure Statement

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Dr. Eckman has current or recent investigator-initiated grant funding from the Heart Rhythm Society through a grant from Boehringer-Ingelheim Pharmaceuticals, Inc. (BIPI), the National Center for Advancing Translational Sciences (NIH - UL1TR000077-05), Pfizer Educational Group, Bristol-Myers Squibb/Pfizer Education Consortium, and the Cystic Fibrosis Foundation.

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) Daniel 2. Surname (Last Name) Singer 3. Date 22-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Variation in Published Stroke Rates Results in Wide Variation in the Net Clinical Benefit of Anticoagulation for Atrial Fibrillation

6. Manuscript Identifying Number (if you know it)
M17-2762

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke prevention in atrial fibrillation
Bristol-Myers Squibb	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke prevention in atrial fibrillation
Johnson and Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke prevention in atrial fibrillation
CVS Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke prevention in atrial fibrillation
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke prevention in atrial fibrillation
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke prevention in atrial fibrillation
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke prevention in atrial fibrillation

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Dr. Singer reports grants and personal fees from Boehringer Ingelheim, grants and personal fees from Bristol-Myers Squibb, personal fees from Johnson and Johnson, personal fees from CVS Health, personal fees from Medtronic, personal fees from Merck, personal fees from Pfizer, 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)

Sachin

2. Surname (Last Name)

Shah

3. Date

23-March-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Variation in Published Stroke Rates Results in Wide Variation in the Net Clinical Benefit of Anticoagulation for Atrial Fibrillation

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Shah 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)

Sara

2. Surname (Last Name)

Aspberg

3. Date

27-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Sachin Shah

5. Manuscript Title

Variation in Published Stroke Rates Results in Wide Variation in the Net Clinical Benefit of Anticoagulation for Atrial Fibrillation

6. Manuscript Identifying Number (if you know it)

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Dr. Aspberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Alan

2. Surname (Last Name)
Go

3. Date
27-March-2018

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

5. Manuscript Title
Variation in Published Stroke Rates Results in Wide Variation in the Net Clinical Benefit of Anticoagulation for Atrial Fibrillation

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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
iRhythm Technologies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant through my institution

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Dr. Go reports grants from iRhythm Technologies, during the conduct of the study; .

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