

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)

Joerg

2. Surname (Last Name)

Meerpohl

3. Date

28-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Association between publication characteristics and treatment effect estimates: a meta-epidemiological study

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

Section 4. Intellectual Property -- Patents & Copyrights

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I am a member of Cochrane, and Co-Director of Cochrane Germany.

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Dr. Meerpohl reports that he is a member of Cochrane, and Co-Director of Cochrane Germany.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Philippe	2. Surname (Last Name) Ravaud	3. Date 28-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Association between publication characteristics and treatment effect estimates: a meta-epidemiological study		
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. Ravaud has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Agnes

2. Surname (Last Name)
Dechartres

3. Date
28-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Association between publication characteristics and treatment effect estimates: a meta-epidemiological study

6. Manuscript Identifying Number (if you know it)
M18-1517

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Dr. Dechartres 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) Carolina	2. Surname (Last Name) Riveros	3. Date 29-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "Association between publication characteristics and treatment effect estimates: a meta-epidemiological study"		
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Ignacio

2. Surname (Last Name)
Atal

3. Date

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Yes No

Corresponding Author's Name
Agnes Dechartres

5. Manuscript Title

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