

## 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.

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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.

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

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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)  
Yvonne

2. Surname (Last Name)  
Yarker

3. Date  
06-May-2015

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

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

6. Manuscript Identifying Number (if you know it)  
M15-0288

### 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
ISMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Administrative support
Ashfield Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Administrative support

### 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

### 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 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

Chair Elect of the ISMPP Board of Trustees, past Chair of the ISMPP Ethics Committee, and past Treasurer, ISMPP Board of Trustees

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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. Yarker reports non-financial support from ISMPP, non-financial support from Ashfield Healthcare, during the conduct of the study; and Chair Elect of the ISMPP Board of Trustees, past Chair of the ISMPP Ethics Committee, and past Treasurer, ISMPP Board of Trustees.

### 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)  
James

2. Surname (Last Name)  
Gurr

3. Date  
07-May-2015

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

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

6. Manuscript Identifying Number (if you know it)  
M15-0288

### 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
MedImmune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working at MedImmune under a contract with Aerotek Scientific, LLC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working at Bristol-Myers Squibb under a contract with Aerotek Scientific, LLC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee of Pfizer Inc

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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

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Dr. Gurr reports other from MedImmune, other from null, other from null, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)

LaVerne

2. Surname (Last Name)

Mooney

3. Date

08-May-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Wendy Battista

5. Manuscript Title

Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

6. Manuscript Identifying Number (if you know it)

M15-0288

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Pfizer employee, hold Pfizer stock, steering committee member of International Society of Medical Publication Professionals (ISMPP) and Medical Publishing Insights and Practice (MPIP)

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Dr. Mooney reports she is a Pfizer employee, hold Pfizer stock, is a steering committee member of International Society of Medical Publication Professionals (ISMPP) and Medical Publishing Insights and Practice (MPIP).

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Keith	2. Surname (Last Name) Veitch	3. Date 23-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wendy Battisti
5. Manuscript Title Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3		
6. Manuscript Identifying Number (if you know it) M15-0288		

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Are there any relevant conflicts of interest?  Yes  No

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KV is a freelance consultant in medical publications, having previously managed publication groups at GSK Biologicals, Sanofi Pasteur, and Novartis Vaccines, has recently been a paid consultant for Takeda Vaccines and the Bill & Melinda Gates Foundation, and is a member of the ISMPP European Union committee.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Karen

2. Surname (Last Name)  
Woolley

3. Date  
07-May-2015

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

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

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M15-0288

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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
ProScribe - Envision Pharma Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As an employee, I am paid to plan, prepare, or edit manuscripts in compliance with ICMJE requirements and Good Publication Practice 2

### 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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I am actively involved in not-for-profit organisations that encourage ethical medical publication practices. I volunteer to serve on the Board of Trustees of the International Society for Medical Publication Professionals, which has sponsored the development of the GPP3 guidelines. I conduct research on the value and integrity of medical publication professionals. I provide ethical medical writing support and training courses, particularly to authors from low- and middle- income countries.

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### Section 6. Disclosure Statement

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Dr. Woolley reports personal fees from ProScribe - Envision Pharma Group, outside the submitted work; and I am actively involved in not-for-profit organisations that encourage ethical medical publication practices. I volunteer to serve on the Board of Trustees of the International Society for Medical Publication Professionals, which has sponsored the development of the GPP3 guidelines. I conduct research on the value and integrity of medical publication professionals. I provide ethical medical writing support and training courses, particularly to authors from low- and middle- income countries..

### Evaluation and Feedback

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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.

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.

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**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)  
Lise

2. Surname (Last Name)  
Baltzer

3. Date  
06-May-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Wendy P Battisti

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

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.

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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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### 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

I am an employee of Novo Nordisk A/S and own stock in the company

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### Section 6. Disclosure Statement

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Dr. Baltzer reports and I am an employee of Novo Nordisk A/S and own stock in the company.

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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) Teresa

2. Surname (Last Name) Pena

3. Date 06-May-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Wendy P. Battisti, PhD wbattist@its.jnj.com

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

6. Manuscript Identifying Number (if you know it)  
M15-0288

### 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
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock Award
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock Award

### 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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### 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

I am a current employee of Bristol-Myers Squibb and board of trustees chair for the International Society for Medical Publication Professionals (ISMPP)

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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. Pena reports other from Bristol-Myers Squibb, other from AstraZeneca , outside the submitted work; and I am a current employee of Bristol-Myers Squibb and board of trustees chair for the International Society for Medical Publication Professionals (ISMPP).

### Evaluation and Feedback

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#### 4. Intellectual Property.

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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) Angela	2. Surname (Last Name) Cairns	3. Date 08-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wendy P. Battisti
5. Manuscript Title Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3		
6. Manuscript Identifying Number (if you know it) M15-0288		

### 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

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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### 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):
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Angela Cairns is an employee of Ashfield Healthcare Communications, which provides services, including publication planning and professional medical writing, to the pharmaceutical, medical devices and diagnostics industries and to authors, and has served on several ISMPP committees, including the Certification Board of Trustees.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) B. Jane	2. Surname (Last Name) Moore	3. Date 06-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wendy P. Battisti, PhD
5. Manuscript Title Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3		
6. Manuscript Identifying Number (if you know it) M15-0288		

### 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

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I am a member of the International Society for Medical Publication Professionals.

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Ms. Moore reports that she is a member of the International Society for Medical Publication Professionals.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Leslie

2. Surname (Last Name)  
Citrome

3. Date  
06-May-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Wendy P. Battisti, PhD

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

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

### Section 3. Relevant financial activities outside the submitted work.

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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
Actavis (Forest), Alexza, Alkermes, Bristol-Myers Squibb, Eli Lilly, Forum (Envivo), Genentech, Janssen, Jazz, Lundbeck, Merck, Medivation, Mylan, Novartis, Noven, Otsuka, Pfizer, Reckitt Benckiser, Reviva, Shire, Sunovion, Takeda, Teva, Valeant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Actavis (Forest), AstraZeneca, Janssen, Jazz, Lundbeck, Merck, Novartis, Otsuka, Pfizer, Shire, Sunovion, Takeda, Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker
Bristol-Myers Squibb, Eli Lilly, J & J, Merck, Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stocks (small number of shares of common stock), long-term ownership

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

Editor-in-Chief, International Journal of Clinical Practice

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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. Citrome reports personal fees from Actavis (Forest), Alexza, Alkermes, Bristol-Myers Squibb, Eli Lilly, Forum (Envivo), Genentech, Janssen, Jazz, Lundbeck, Merck, Medivation, Mylan, Novartis, Noven, Otsuka, Pfizer, Reckitt Benckiser, Reviva, Shire, Sunovion, Takeda, Teva, Valeant, personal fees from Actavis (Forest), AstraZeneca, Janssen, Jazz, Lundbeck, Merck, Novartis, Otsuka, Pfizer, Shire, Sunovion, Takeda, Teva, other from Bristol-Myers Squibb, Eli Lilly, J & J, Merck, Pfizer, outside the submitted work; and Editor-in-Chief, International Journal of Clinical Practice.

### Evaluation and Feedback

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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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#### Definitions.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elizabeth

2. Surname (Last Name)  
Wager

3. Date  
06-May-2015

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

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

6. Manuscript Identifying Number (if you know it)  
M15-0288

### 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
Various universities, scholarly societies, drug companies, publishers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I provide training and consultancy on medical publications and guidelines including GPP

### 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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### Section 5. Relationships not covered above

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Dr. Wager reports personal fees from Various universities, scholarly societies, drug companies, publishers, outside the submitted work; .

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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) Daniel

2. Surname (Last Name) Bridges

3. Date 08-May-2015

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

5. Manuscript Title Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

6. Manuscript Identifying Number (if you know it) M15-0288

### 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
Nucleus Global	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DB is an employee of Nucleus Global, which provides medical education services, including medical writing and publication planning to the pharmaceutical industry

### 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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### 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):
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DB is a member of the Board of Trustees of ISMPP, a not-for-profit organization that is focused on the ethical and effective publication of medical research to inform treatment decisions

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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. Bridges reports employment from Nucleus Global, which provides medical education services, including medical writing and publication planning to the pharmaceutical industry; and Dr. Bridges is a member of the Board of Trustees of ISMPP, a not-for-profit organization that is focused on the ethical and effective publication of medical research to inform treatment decisions.

### Evaluation and Feedback

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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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**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)  
Wendy P.

2. Surname (Last Name)  
Battisti

3. Date  
08-May-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3M15

6. Manuscript Identifying Number (if you know it)  
M15-0288

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen Research & Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am employed full time by Janssen. Janssen is the collection of pharmaceutical companies of Johnson & Johnson.
International Society for Medical Publication Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am a member of ISMPP, and have held positions on their certification board in the past 3 years. ISMPP provided the authors with administrative assistance for this manuscript, as disclosed in the document.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Battisti reports other from Janssen Research & Development, non-financial support from International Society for Medical Publication Professionals, 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) Christopher      2. Surname (Last Name) Carswell      3. Date 10-July-2015

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

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3"

6. Manuscript Identifying Number (if you know it)  
M15-0288

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant	Personal Fees	Non-Financial Support	Other	Comments
Springer-SBM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Full time salaried employee

### 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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### 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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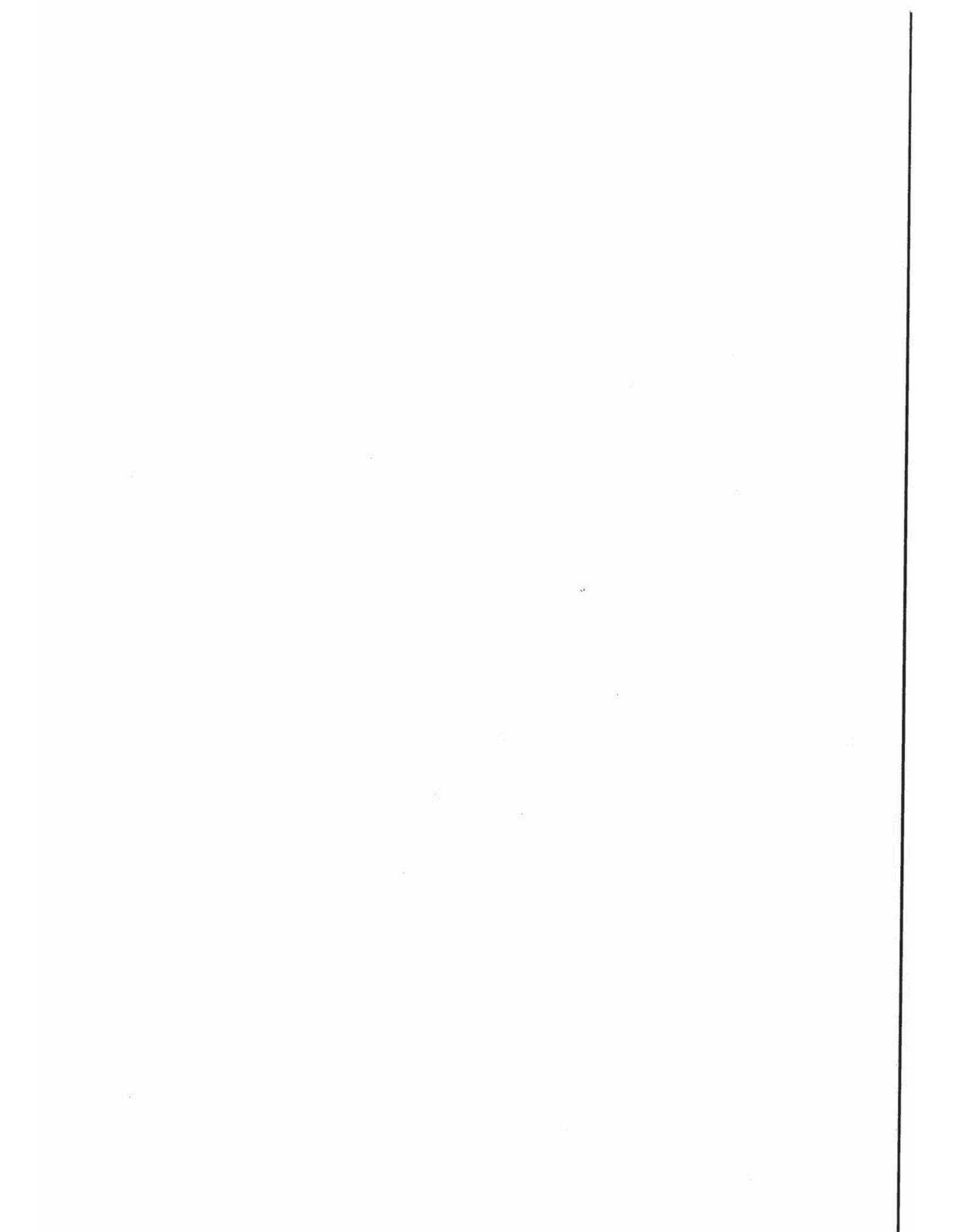
### Section 6. Disclosure Statement

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Christopher Carswell is a salaried employee of Springer-SBM

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**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.

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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)  
Carol

2. Surname (Last Name)  
Sanes-Miller

3. Date  
22-July-2015

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

5. Manuscript Title  
Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3

6. Manuscript Identifying Number (if you know it)  
M15-0288

### 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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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**.

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### Section 5. Relationships not covered above

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Ms. Sanes-Miller reports employment at AstraZeneca from 2008 to 2012 and stock in the company; she is currently employed at Baxalta US Incorporated and has stock in the company; she was a member of the ISMPP Certification Board of Trustees from 2010 to 2014 and chair from 2013 to 2014; she is currently a member of ISMPP.

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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.

Ms. Sanes-Miller reports employment at AstraZeneca from 2008 to 2012 and stock in the company; she is currently employed at Baxalta US Incorporated and has stock in the company; she was a member of the ISMPP Certification Board of Trustees from 2010 to 2014 and chair from 2013 to 2014; she is currently a member of ISMPP.

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