

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Abraham

2. Surname (Last Name)

Haileamlak

3. Date

03-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Darren Taichman

5. Manuscript Title

Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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I am member of the ICMJE, editor of Ethiopian Journal of Health Sciences and working for and paid by Jimma University have no potential conflict of interest.

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Section 1. Identifying Information

1. Given Name (First Name) Anja	2. Surname (Last Name) Pinborg	3. Date 03-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors		
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Section 1. Identifying Information

1. Given Name (First Name)
Christine

2. Surname (Last Name)
Laine

3. Date
01-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Darren Taichman

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Christopher	2. Surname (Last Name) Baethge	3. Date 03-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors		
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Section 1. Identifying Information

1. Given Name (First Name)

Darren

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Taichman

3. Date

04-December-2015

4. Are you the corresponding author?

Yes No

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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) Francis (frank)	2. Surname (Last Name) Frizelle	3. Date 02-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors		
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

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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editor or journal and author of research - both obvious

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Section 6. Disclosure Statement

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Dr. Frizelle reports and editor or journal and author of research - both obvious .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Howard	2. Surname (Last Name) Bauchner	3. Date 02-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren
5. Manuscript Title Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Astrid	2. Surname (Last Name) James	3. Date 02-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name D Taichman
5. Manuscript Title ICMJE data sharing Editorial		
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) Jeffrey	2. Surname (Last Name) Drazen	3. Date 03-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors		
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I am employed by the New England Journal of Medicine as Editor-in-Chief.

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Section 6. Disclosure Statement

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Dr. Drazen reports that he is employed by the New England Journal of Medicine as Editor-in-Chief. He has no conflicts of interest.

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Fletcher	3. Date 01-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors		
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Dr. Fletcher reports and I am employed by the Canadian Medical Association as the Editor in Chief of the Association's Journal, the Canadian Medical Association Journal..

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Ms. Backus reports employment at the National Library of Medicine, National Institutes of Health, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Larry

2. Surname (Last Name)
Peiperl

3. Date
02-December-2015

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

5. Manuscript Title
Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors

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
Public Library of Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	As Chief Editor of PLOS Medicine I receive a salary and benefits from Public Library of Science, a nonprofit publisher and advocate of Open Access research.
World Health Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In 2015 I received travel reimbursement from WHO to attend the World Health Organization Consultation on Data and Results Sharing during Public Health Emergencies.

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

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Section 6. Disclosure Statement

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Dr. Peiperl reports other from Public Library of Science, non-financial support from World Health Organization, 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) Peter	2. Surname (Last Name) de Leeuw	3. Date 04-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Sharing clinical trial data		
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

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 6. Disclosure Statement

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Dr. de Leeuw 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) PEUSH	2. Surname (Last Name) SAHNI	3. Date 05-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name DARREN TAICHMAN
5. Manuscript Title Sharing Clinical Trial Data: A proposal from the International Committee of Medical Journal Editors		
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 4. Intellectual Property -- Patents & Copyrights

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Dr. SAHNI 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) Trish	2. Surname (Last Name) Groves	3. Date 03-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Sharing clinical trial data: a proposal from the International Committee of Medical Journal Editors		
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