

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Qi	2. Surname (Last Name) Wang	3. Date 01-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name SUSAN NORRIS AND KEHU YANG
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
6. Manuscript Identifying Number (if you know it)		

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Ms Wang has nothing to disclose.

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1. Given Name (First Name) Ana	2. Surname (Last Name) Marusic	3. Date 01-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yaolong Chen
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
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Dr. Marusic has nothing to disclose.

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1. Given Name (First Name) Elie	2. Surname (Last Name) Akl	3. Date 01-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Norris
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
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I am a member of the GRADE Working Group

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Section 1. Identifying Information

1. Given Name (First Name)

Amir

2. Surname (Last Name)

Qaseem

3. Date

25-August-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Yaolong Chen

5. Manuscript Title

A reporting tool for practice guidelines in healthcare: the RIGHT Statement

6. Manuscript Identifying Number (if you know it)

M16-1565

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Section 1. Identifying Information

1. Given Name (First Name) Zhang	2. Surname (Last Name) Mingming	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. Kehu Yang
5. Manuscript Title		
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1. Given Name (First Name) CHIEHFENG	2. Surname (Last Name) CHEN	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yaolong Chen
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
6. Manuscript Identifying Number (if you know it) M16-1565		

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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Dr. CHEN 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) Hongcai	2. Surname (Last Name) Shang	3. Date 28-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yang Kehu
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Shang 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)

Joerg

2. Surname (Last Name)

Meerpohl

3. Date

04-July-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Member of the GRADE working and Member of the GRADE Guidance Committee

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Section 6. Disclosure Statement

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Dr. Meerpohl reports and Member of the GRADE working and Member of the GRADE Guidance Committee.

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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) bin	2. Surname (Last Name) xu	3. Date 11-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name YANG Ke-hu
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
6. Manuscript Identifying Number (if you know it) M16-1565		

Section 2. The Work Under Consideration for Publication

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Dr. xu 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)
Kehu

2. Surname (Last Name)
Yang

3. Date
01-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
A reporting tool for practice guidelines in healthcare: the RIGHT Statement

6. Manuscript Identifying Number (if you know it)

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Dr. Yang 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)
Edwin

2. Surname (Last Name)
Chan

3. Date
01-July-2016

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

5. Manuscript Title
A reporting tool for practice guidelines in healthcare: the RIGHT statement

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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
Singapore Ministry of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Part-time salary support

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chan reports other from Singapore Ministry of Health, 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) Holger	2. Surname (Last Name) Schünemann	3. Date 07-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yaolong Chen
5. Manuscript Title RIGHT statement		
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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Section 4. Intellectual Property -- Patents & Copyrights

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Co-chair of the GRADE working group. Lead author of the GIN-McMaster Guideline Development checklist.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kun	2. Surname (Last Name) Tang	3. Date 28-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kehu Yang
5. Manuscript Title "A reporting tool for practice guidelines in healthcare: the RIGHT Statement"		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yaolong	2. Surname (Last Name) Chen	3. Date 01-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name SUSAN NORRIS AND KEHU YANG
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Dr. Chen 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) Fujian	2. Surname (Last Name) Song	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kehu Yang, Susan Norris
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
6. Manuscript Identifying Number (if you know it) M16-1565		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Barber	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT statement		
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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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Section 1. Identifying Information

1. Given Name (First Name) JH	2. Surname (Last Name) Tian	3. Date 29-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name KH Yang
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Signe	2. Surname (Last Name) Flottorp	3. Date 29-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
6. Manuscript Identifying Number (if you know it) M16-1565		

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1. Given Name (First Name)
Susan

2. Surname (Last Name)
Norris

3. Date
27-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
A reporting tool for practice guidelines in healthcare: the RIGHT Statement

6. Manuscript Identifying Number (if you know it)
M16-1565

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Dr. Norris has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yngve	2. Surname (Last Name) Falck-Ytter, MD AGAF	3. Date 05-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title A reporting tool for practice guidelines in healthcare: the RIGHT Statement		
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