

Disclosure of Potential Conflicts of Interest

Based on the ICMJE form

Instructions

The purpose of this form is to provide readers of your review 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 five parts.

1. Identifying information.

This information is filled automatically by Archie.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

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.

5. Declarations of interest statement.

Use this section to write your declarations of interest statement for inclusion in the review.

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Effective Date
4. Are you the contact person? Yes No Contact Person's Name
5. Review Title
6. Review Identifying Number

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, review preparation, statistical analysis, etc...)?

Complete each row by checking 'No' or providing the requested information. **If you have more than one relationship click the 'Add' button to add a row. Excess rows can be removed by clicking the 'X' button.**

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Consulting fee or honorarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Payment for writing or reviewing the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking 'No' or providing the requested information. **If you have more than one relationship click the 'Add' button to add a row. Excess rows can be removed by clicking the 'X' button.**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Payment for review preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Travel/accommodations/meeting expenses unrelated to activities listed**				<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13. Other (err on the side of full disclosure)				<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of review acceptance, will ask authors to confirm and, if necessary, update their disclosure statements.

On occasion, journals may ask authors to disclose further information about reported relationships.

Section 5. Declarations of interest statement

If your answer is different from 'No' to any of the questions above, you may have a competing interest which should be declared. Please draft a statement to publish with your review in the space below. This will be reviewed by the contact person and Cochrane Review Group editorial base staff for inclusion in your review.

Authors should not be concerned about answering 'yes' to any of the questions. 'Yes' answers do not indicate good or bad, but are simply something to declare on the form and consider for inclusion in the declarations section of the published review.

If you have answered 'No' to all of the questions above please enter "None known".

Submit

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