DECLARATION OF INTERESTS FORM

**This form is to declare financial and non-financial relationships and activities that may be conflicts of interest (according to** [**Cochrane COI policy**](https://training.cochrane.org/online-learning/editorial-policies/coi-policy/coi-policy-cochrane-library)**). If you are in doubt about whether to list a relationship or activity, it is preferable for you to do so.**

This form is required to be completed at the time of submission. On occasion, we may ask authors to disclose further information about reported relationships.

The timeframe for this reporting is over the 36 months prior to submission of the Cochrane Library content through to publication.

**Relationships and activities that need to be declared are defined as below in the policy.**

The policy deems financial interests to be relevant if the payment comes from a commercial organization with a financial interest in the topic of the Cochrane Library content. This means that the organization has developed (or is known to be developing), or distributed (anywhere in the world), an intervention or potential comparator related to the topic of the Cochrane Library content.

This applies even if the payment was made for work or advice that did not relate to the topic of the Cochrane Library content.

Non-financial interests are considered relevant if they have a direct and obvious connection to the topic of this work or other Cochrane Library content.

This definition is not intended to include government departments, not-for-profit medical insurance companies, health management or health research organizations, or independent patient advocacy groups.

|  |  |  |
| --- | --- | --- |
| **Identifying Information** | | |
| Given Name: | Surname: | Employer/Affiliation: |
| Are you the contact person? Yes  No | | Contact Person's Name: |
| Title: | | |
| Identifying Number (if applicable): | | |
| Date Completed: | | |

**Declaring financial interests**

The table below deals with the different types of support you, or your institution, have received.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you**  **had the following relationships or activities relevant to the work? Select Yes or No for each** |  | **Name of the relationship or activity (list each one; add rows as needed)** | **Name of the organization or company** | **Were the funds received by YOU or by YOUR**  **INSTITUTION?** | **Comments** |
| Grants and contracts | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| **Have you**  **had the following relationships or activities relevant to the work? Select Yes or No for each** |  | **Name of the relationship or activity (list each one; add rows as needed)** | **Name of the organization or company** | **Were the funds received by YOU or by YOUR**  **INSTITUTION?** | **Comments** |
| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing, or educational events | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Support for attending meetings or travel, including sabbaticals and study tours | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Ownership of stock shares or stock options | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Payment for expert testimony | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Royalties or licenses | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Payment for a fellowship | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Income from private practice | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| **Have you**  **had the following relationships or activities relevant to the work? Select Yes or No for each** |  | **Name of the relationship or activity (list each one; add rows as needed)** | **Name of the organization or company** | **Were the funds received by YOU or by YOUR**  **INSTITUTION?** | **Comments** |
| Consulting fees | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Patents - planned, issued or pending | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Payment for participation on a Data Safety Monitoring Board, Advisory Board, or Guideline Panel | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Leadership or other fiduciary role in other board, society, committee, or advocacy group | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Receipt of writing assistance, medicines, equipment, administrative support or other services | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Payment for writing this work | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
| Other | Yes  No |  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |
|  |  | You  Your Institution |  |

**Declaring employment by a commercial organization**

1. Are you employed by, or have you been employed by (part-time or full-time), or do you own a commercial organization that has a financial interest in the topic of the Cochrane Library content?

Yes  No

2. If yes, please provide details including the name of the employer(s) and the dates of your employment if you are no longer employed by that organization.

**Declaring non-financial/other interests**

The table below deals with non-financial relationships and activities that have a direct and obvious connection to the topic of the work or other Cochrane Library content.

Declarations of non-financial interests **will not** prevent participation in the creation of Cochrane Library content.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you had the following activities either DIRECTLY or TOPICALLY RELATED**  **to the work reported? Select Yes or No for each** |  | **Name of the activity (list each one; add rows as needed).** | **Name of**  **organization/institution** | **Comments** |
| Published opinions in medical journals, the public press, broadcast and social media relevant to the interventions in the work. | Yes  No |  |  |  |
|  |  |  |
|  |  |  |
| Work as a health professional | Yes  No |  |  |  |
|  |  |  |
|  |  |  |
| Any affiliation to an organization (including not- for-profit) that has a declared opinion or position on the topic. | Yes  No |  |  |  |
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| Other | Yes  No |  |  |  |
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**Declaring involvement in eligible studies**

Anyone involved in writing a Cochrane Library content, should declare whether they have had any direct involvement in the conduct, analysis, and publication of studies that could be included in the specific Cochrane Library content.

1. Were you involved in conducting a study that is eligible for inclusion in the work?

Yes  No

2. If you were involved in conducting a study that is eligible for inclusion in the work, what was the funding

source for that study?

**Name: Signature:**

*This form is The Cochrane Collaboration's implementation of the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals. The ICMJE has not endorsed nor approved the contents of this version. The official version of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals is located at www.ICMJE.org. Users should cite this official version when citing the document.*