

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.

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James 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Astrid		2. Surname (Last Name) James		3. Date 02-December-2015	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam D Taichman	ne	
5. Manuscript Title ICMJE data sharir					
6. Manuscript Iden	itifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
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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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No					

James 2



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Backus 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Joyce	rst Name)	2. Surname (Last Name) Backus		3. Date 04-Decem	ber-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 Ider	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Pub	lication		
	ubmitted work (including	ive payment or services frog but not limited to grants,			
•	evant conflicts of intere out the appropriate info	est? ✓ Yes No ormation below. If you h	ave more than on	e entity press the "ADD	" button to add a row.
Excess rows can be removed by pressing the "X" button.					
Name of Institut	ion/Company	Grant? Personal N	on-Financial Support	her Comments	
National Library of Monstitutes of Health	edicine, National			Employer	
Section 3.	Relevant financial	activities outside the	submitted wo	rk.	
of compensation clicking the "Add) with entities as descri	in the table to indicate with the instructions. I port relationships that west?	Use one line for ea	ach entity; add as many	lines as you need by
Are there any fer	evant connicts of intere	est:			
Section 4.					
Section 4.	Intellectual Proper	rty Patents & Copyr	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant t	o the work? Yes	✓ No

Backus 2



Section 5.						
Section 3.	Relationships not covered above					
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?					
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):					
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.					
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Ms. Backus repo	rts other from National Library of Medicine, National Institutes of Health, during the conduct of the study; .					

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Royalties: Funds are coming in to you or your institution due to your patent

Baethge 1



Section 1. Identifying Inform	Identifying Information				
Given Name (First Name) Christopher	2. Surname (Last Name) Baethge	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 f	rom the International Com	mittee of Medical Journal Editors			
6. Manuscript Identifying Number (if you k	now it)				
Section 2. The Work Under C	onsideration for Public	cation			
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Section 3. Polygant financial					
Relevant financial	activities outside the s	submitted work.			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Baethge 2



Section 5.	Deletional in a set account above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Christopher Baet	hge is employee of Deutsches Ärzteblatt, a medical journal that publishes clinical trials.
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Dr. Baethge repo	orts that he is employee of Deutsches Ärzteblatt, a medical journal that publishes clinical trials.

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Bauchner 1



Section 1. Identifying Info	Identifying Information				
1. Given Name (First Name) Howard	2. Surname (Last Name) Bauchner	3. Date 02-December-2015			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Darren			
5. Manuscript Title Sharing Clinical Trial Data: A Proposa	l from the International Com	mittee of Medical Journal Editors			
6. Manuscript Identifying Number (if you	know it)				
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Bauchner 2



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de Leeuw 1



Section 1. Ident	Identifying Information				
1. Given Name (First Name Peter	,	2. Surname (Last Name) de Leeuw		3. Date 04-December-2015	
4. Are you the correspond	ing author? Yes	✓ No	Corresponding Author's Name	е	
5. Manuscript Title Sharing clinical trial data	a				
6. Manuscript Identifying I	Number (if you know it)				
Section 2. The V	Vork Under Considerati	on for Publica	tion		
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Dr. de Leeuw has nothing to disclose.

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Drazen 1



Section 1. Iden	tifying Information				
Given Name (First Nam Jeffrey	e) 2. Surn Drazen	ame (Last Name)		3. Date 03-December-2015	
4. Are you the correspond	ling author? Yes	√ No	Corresponding Author's Name Darren Taichman		
5. Manuscript Title Sharing Clinical Trial Da	ta: A Proposal from the In	nternational Cor	nmittee of Medical Journal E	Editors	
6. Manuscript Identifying	Number (if you know it)				
			_		
Section 2. The N	Work Under Consider	ation for Publ	ication		
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. Relev	vant financial activitie	es 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 Vo					
Section 4. Intel	la atura I Durana da la Regional		ala de		
Intel	lectual Property Pat	ents & Copyri	gnts		
Do you have any paten	ts, whether planned, pen	ding or issued, b	roadly relevant to the work	? ☐ Yes ✓ No	

Drazen 2



Section 5.				
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 follow	wing relationships/conditions/circumstances are present (explain below):			
No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
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Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Drazen repor interest.	ts that he is employed by the New England Journal of Medicine as Editor-in-Chief. He has no conflicts of			

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Drazen 3



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Frizelle 1



Section 1.	dentifying Informa	ntion		
•		2. Surname (Last Name) Frizelle		3. Date 02-December-2015
4. Are you the corres	ponding author?	Yes ✓ No	Corresponding Author	's Name
5. Manuscript Title Sharing Clinical Tria	al Data: A Proposal fro	m the Internationa	Committee of Medical Journ	nal Editors
6. Manuscript Identif	ying Number (if you kno	w it)		
Section 2. T	he Work Under Co	nsideration for I	Publication	
any aspect of the substatistical analysis, etc	mitted work (including l	out not limited to gra		nt, commercial, private foundation, etc.) for dy design, manuscript preparation,
Section 3.	elevant financial a	ctivities outside	the submitted work.	
of compensation) w clicking the "Add +"	vith entities as describ	ed in the instruction ort relationships th	ons. Use one line for each enti	al relationships (regardless of amount ity; add as many lines as you need by 36 months prior to publication .
Section 4.	ntellectual Propert	y Patents & Co	pyrights	
Do you have any pa	atents, whether plann	ed, pending or issu	ed, broadly relevant to the w	vork? Yes 🗸 No

Frizelle 2



Section 5.	Deletionships not severed above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
editor or journal	and author of research - both obvious
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Frizelle repor	rts and editor or journal and author of research - both obvious .

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Frizelle 3



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Groves 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Trish	2. Surname (Last Name) Groves	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 fr	om the International Comr	nittee of Medical Journal Editors
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	l activities outside the	submitted work.
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Section 4. Intellectual Prope	erty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Groves 2



Section 5. Belationships not solvered above
Relationships not covered above
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Haileamlak 1



Section 1.	ldentifying Inform	ation		
1. Given Name (Fi Abraham	Given Name (First Name) 2. Surname (Last Name) braham Haileamlak			3. Date 03-December-2015
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nam Darren Taichman	ne
5. Manuscript Title Sharing Clinical		om the International Com	mittee of Medical Journal Ed	litors
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
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of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that we	•	tionships (regardless of amount dd as many lines as you need by onths prior to publication.
Cartinus				
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	☐ Yes ✓ No

Haileamlak 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	the ICMJE, editor of Ethiopian Journal of Health Sciences and working for and paid by Jimma University al conflict of interest.

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Fletcher 1



Section 1. Identifying Info	ormation	
1. Given Name (First Name) John	2. Surname (Last Name) Fletcher	3. Date 01-December-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Sharing Clinical Trial Data: A Propos	al from the International Com	mittee of Medical Journal Editors
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Section 2. The Work Unde	r Consideration for Public	cation
	ding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Do you have any patents, whether p	planned, pending or issued, br	roadly relevant to the work? Yes V No

Fletcher 2



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Relationships not covered above	
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Yes, the following relationships/conditions/circumstances are present (explain below):	
No other relationships/conditions/circumstances that present a potential conflict of interest	
I am employed by the Canadian Medical Association as the Editor in Chief of the Association's Journal, the Association Journal.	Canadian Medical
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Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement, which will apbelow.	opear in the box
Dr. Fletcher reports and I am employed by the Canadian Medical Association as the Editor in Chief of the Journal, the Canadian Medical Association Journal	Association's

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Laine 1



Section 1. Identifying Inform	nation			
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		
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No		

Laine 2



Continu F				
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 follow	wing relationships/conditions/circumstances are present (explain below):			
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I am employed a	s the Editor in Chief, Annals of Internal Medicine and Senior Vice President, American College of Physicians			
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Section 6.	Disclosure Statement			
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Dr. Laine reports College of Physic	employment as the Editor in Chief, Annals of Internal Medicine and Senior Vice President, American cians.			

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Relationships not covered above.

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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

Peiperl 1



Section 1. Identifying Info	ormation			
Given Name (First Name) Larry	2. Surname (Last Name) Peiperl		3. Date 02-December-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding A Darren Taichma		
5. Manuscript Title Sharing Clinical Trial Data: A Proposa	al from the International Cor	mmittee of Medical	Journal Editors	
6. Manuscript Identifying Number (if you	u know it)			
Section 2. The Work Under	r Consideration for Publ	ication		
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'	on-Financial Otho	er? Comments	
Public Library of Science			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		V	In 2015 I received travel reimbursement from WHO to attend the World Health Organization Consultation on Data and Results Sharing during Public Health	

Peiperl 2

Emergencies.



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume 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
At the time of manuscript acceptance, journals 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 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Peiperl reports other from Public Library of Science, non-financial support from World Health Organization, outside the submitted work; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Peiperl 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Pinborg 1



Section 1. Identifying Infor	rmation		
1. Given Name (First Name) Anja	2. Surname (Last Name) Pinborg	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 Com	mittee of Medical Journal Editors	
6. Manuscript Identifying Number (if you	know it)		
Section 2. The Work Under	Consideration for Public	cation	
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,	
Section 3. Relevant financia	al activities outside the	submitted work.	
of compensation) with entities as des	cribed in the instructions. Us report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
Section 4. Intellectual Prop	erty Patents & Copyri	ghts	
Do you have any patents, whether pla	anned, pending or issued, br	roadly relevant to the work? Yes V No	

Pinborg 2



Section 5. Polationships not sourced above
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
Anja Pinborg is employee of Danish Medical Journal (Ugeskrift for Læger), a medical journal that publishes clinical trials.
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statemen On occasion, journals may ask authors to disclose further information about reported relationships. Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Professor Pinborg reports that she is employee of Danish Medical Journal (Ugeskrift for Læger), a medical journal that publishes clinical trials.

Evaluation and Feedback

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Pinborg 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

SAHNI 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) SAHNI	3. Date 05-December-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name DARREN TAICHMAN
5. Manuscript Title Sharing Clinical		rom the International Com	mittee of Medical Journal Editors
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	uhmitted work
of compensation clicking the "Add	the appropriate boxes i	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	phts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

SAHNI 2



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Dr. SAHNI has nothing to disclose.

Evaluation and Feedback

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Taichman 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Darren		2. Surname (Last Name) Taichman			3. Date 04-December-2015	
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Sharing Clinical T		om the Internat	ional Committee of Med	dical Journal Ed	ditors	
6. Manuscript Ider	ntifying Number (if you kr	ow it)				
Section 2.	The Work Under Co	onsideration 1	or Publication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to			mmercial, private foundation, etc.) fo sign, manuscript preparation,	ır
Section 3.	Relevant financial	activities outs	side the submitted w	vork		
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to in bed in the instro port relationship	dicate whether you hav uctions. Use one line for	ve financial rela each entity; ac	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.	
Section 4.	Intellectual Proper	ty Patents &	& Copyrights			
Do you have any	patents, whether plan	ned, pending or	issued, broadly relevan	t to the work?	Yes ✓ No	

Taichman 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
I am an employe	e of the Annals of Internal Medicine and the American College of Physicians.
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Taichman rep	ports that he is an employee of the Annals of Internal Medicine and the American College of Physicians.

Evaluation and Feedback

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Taichman 3



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Wu 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Sinan	rst Name)	2. Surname (Last Name) Wu	3. Date 05-December-2015			
4. Are you the cor	corresponding author? Yes Ves No		Corresponding Author's Name Darren Taichman			
5. Manuscript Title Sharing Clinical		rom the International Com	mittee of Medical Journal Editors			
6. Manuscript Idei	ntifying Number (if you kr	now it)				
Section 2.	The Work Under C	onsideration for Public	cation			
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 rel	evant conflicts of inter	est?				
	I					
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by see present during the 36 months prior to publication.			
9	evant conflicts of inter	· ·				
	ı					
Section 4.	Intellectual Prope	rty Patents & Copyrig	phts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Wu 2



Section 5. Relationships not covered above
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Dr. Wu has nothing to disclose.

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Wu 3