

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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Definitions.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) 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) | | |

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joyce 2. Surname (Last Name) Backus 3. Date 04-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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|----------|
| National Library of Medicine, National Institutes of Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employer |

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Ms. Backus reports other from National Library of Medicine, National Institutes of Health, during the conduct of the study; .

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Section 1. Identifying Information

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

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Christopher Baethge is employee of Deutsches Ärzteblatt, a medical journal that publishes clinical trials.

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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?

 Yes No

Corresponding Author's Name

Darren

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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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) _____ | | |

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Dr. de Leeuw has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) 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 | | |
| 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?

- 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 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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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? Yes 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)

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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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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)

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 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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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? | <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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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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
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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Dr. Laine reports employment as the Editor in Chief, Annals of Internal Medicine and Senior Vice President, American College of Physicians.

Evaluation and Feedback

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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

Section 3. Relevant financial activities outside the submitted work.

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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. |

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 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?

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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) 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 | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Anja Pinborg is employee of Danish Medical Journal (Ugeskrift for Læger), a medical journal that publishes clinical trials.

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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? 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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

6. Manuscript Identifying Number (if you know it)

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I am an employee of the Annals of Internal Medicine and the American College of Physicians.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Sinan | 2. Surname (Last Name) Wu | 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 | | |
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