

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.

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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) Joyce	2. Surname (Last Name) Backus	3. Date 21-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Data Sharing Statements for Clinical Trials: A Requirement of 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

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Ms. Backus has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Baethge

3. Date
02-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Darren Taichman, MD

5. Manuscript Title

Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Howard

2. Surname (Last Name)

Bauchner

3. Date

03-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Taichman

5. Manuscript Title

Data Sharing Statements for Clinical Trials: A Requirement of 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)
Jeffrey

2. Surname (Last Name)
Drazen

3. Date
24-April-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
ICMJE Editorial

6. Manuscript Identifying Number (if you know it)
17-05439

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Section 1. Identifying Information

1. Given Name (First Name) Fiona	2. Surname (Last Name) Godlee	3. Date 04-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren B. Taichman
5. Manuscript Title Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors		
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Section 1. Identifying Information

1. Given Name (First Name) Fernando	2. Surname (Last Name) Florenzano	3. Date 05-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren B. Taichman, M.D.
5. Manuscript Title Data Sharing Statement for Clinical Trials: A Requirement of 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

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
francis

2. Surname (Last Name)
frizelle

3. Date
22-April-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
ICMJE editorial

6. Manuscript Identifying Number (if you know it)
not known

Section 2. The Work Under Consideration for Publication

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Dr. frizelle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Laragh

2. Surname (Last Name)
Gollogly

3. Date
04-May-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Darren B. Taichman

5. Manuscript Title
Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors

6. Manuscript Identifying Number (if you know it)
17-05439

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Section 1. Identifying Information

1. Given Name (First Name)

Abraham

2. Surname (Last Name)

Haileamlak

3. Date

21-April-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors

6. Manuscript Identifying Number (if you know it)

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I am employee of Jimma University in Ethiopia and the Editor of EJHS

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sung-Tae	2. Surname (Last Name) Hong	3. Date 05-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors		
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Dr. Hong has nothing to disclose.

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1. Given Name (First Name)

Astrid

2. Surname (Last Name)

James

3. Date

03-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Darren Taichman

5. Manuscript Title

Data sharing statements for clinical trials

6. Manuscript Identifying Number (if you know it)

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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 03-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Data Sharing Statements for Clinical Trials: A Requirement of 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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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

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I am employed as an editor by 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) Larry 2. Surname (Last Name) Peiperl 3. Date 21-April-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Darren Taichman

5. Manuscript Title
Data Sharing Statements for Clinical Trials: A Requirement of 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

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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"/>	I have received travel reimbursement from WHO to attend consultations on data sharing.
Association of Healthcare Journalists	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have received travel reimbursement from AHCJ to speak on data sharing.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Dr. Peiperl reports other from Public Library of Science, non-financial support from World Health Organization, non-financial support from Association of Healthcare Journalists, 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 24-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title		
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

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 6. Disclosure Statement

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

PEUSH

2. Surname (Last Name)

SAHNI

3. Date

30-April-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Darren Taichman

5. Manuscript Title

Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors

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Dr. SAHNI 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)
Darren

2. Surname (Last Name)
Taichman

3. Date
03-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors

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