

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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 30-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE	_____	
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Baethge	3. Date 09-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE		
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I am an editor of a medical journal (Deutsches Arzteblatt) and employed by a publishing house (Deutscher Arzteverlag).

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1. Given Name (First Name) Howard	2. Surname (Last Name) Bauchner	3. Date 27-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren?
5. Manuscript Title A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE		
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1. Given Name (First Name) Annette	2. Surname (Last Name) Flanagin	3. Date 27-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
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a non-paid board member of STM: International Association of Scientific, Technical, and Medical Publishers.

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1. Given Name (First Name) Fernando	2. Surname (Last Name) Florenzano	3. Date 30-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Darren B. Taichman, MD, PhD
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Dr. Florenzano has nothing to disclose.

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Issued: The patent has been issued by the agency

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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)
Francis (Frank)

2. Surname (Last Name)
Frizelle

3. Date
31-December-2019

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

5. Manuscript Title
A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE

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

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

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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. Frizelle 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) Laragh	2. Surname (Last Name) Gollogly	3. Date 15-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Disclosure Form for Work Submitted to Medical Journals – A Proposal from the International Committee of Medical Journal Editors		
6. Manuscript Identifying Number (if you know it) M19-3933		

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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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)
Abraham

2. Surname (Last Name)
Haileamlak

3. Date
20-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE

6. Manuscript Identifying Number (if you know it)

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I am the Editor of Ethiopian Journal of Health Sciences and member of ICMJE. I have 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) Christine	2. Surname (Last Name) Laine	3. Date 13-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE		
6. Manuscript Identifying Number (if you know it) M19-3933		

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Laine is a full time employee of the American College of Physicians and serves as Senior Vice President of the organization and the Editor in Chief of Annals of Internal Medicine. The journal is owned and published by the ACP..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pamela	2. Surname (Last Name) Miller	3. Date 20-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title A Disclosure Form for Work Submitted to Medical Journals--A Proposal From the International Committee of Medical Journal Editors		
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Dr. Miller 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) Anja	2. Surname (Last Name) Pinborg	3. Date 27-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE		
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Are there any relevant conflicts of interest? Yes No

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I have nothing to disclose

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3. Relevant financial activities outside the submitted work.

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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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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) Eric	2. Surname (Last Name) Rubin	3. Date 02-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE		
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.

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

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rubin 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)
Peush

2. Surname (Last Name)
Sahni

3. Date
22-December-2019

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

5. Manuscript Title
A Disclosure Form for Work Submitted to Medical Journals - A Proposal From the ICMJE

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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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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
20-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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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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Dr. Taichman reports that he is an employee of the Annals of Internal Medicine and the American College of Physicians..

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