



ICMJE Form for Disclosure of Potential Conflicts of Interest

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "No" under space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and year.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself. Describe initial conception and planning (if relevant). The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". To complete the appropriate resource follows the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in their medical areas that could be perceived to influence or change the appearance of potentially influencing what you write in the submitted work. You should disclose interactions with both entities that could be considered broadly relevant to the work. For example, if your article is discussing an epidemal growth factor receptor (EGFR) antagonist for lung cancer, you should report all associations with entities pursuing diagnosis or therapeutic strategies in cancer in general, not just in the area of EGFR for lung cancer.

Report all sources of income paid (or promised to be paid) directly to you or your institution over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interaction with the work's sponsor that we consider the submitted work should also be disclosed. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support (20%) from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that could be perceived to have influenced or that give the appearance of potentially influencing what you write in the submitted work.



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The Work Under Consideration for Publication

Type	No.	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

* Includes money that you received received for your efforts on the study.
 ** Use this column to provide any needed explanation.

Section 2. Relevant financial activities outside the submitted work.

Please check in the appropriate boxes in this table to indicate whether you have financial relationships (regardless of amount of compensation) with entities described in the instructions. Use one line for each entity with as many lines as you need to identify during the 12-month term. You should report relationships that were present during the 12-months prior to submission.

Complete each row by checking the or providing the requested information. **If you have more than one relationship with the "Entity" column, create a new row for each relationship, including the "Entity" column.**

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No.	Money From the Entity	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
2. Consulting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
4. Equity ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
5. Grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
6. Payment for services including writing or speaking fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>



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Relevant financial activities outside the submitted work						
Type of relationship (in alphabetical order)	No	Money from the	Money in your institution*	Entity	Comments	
8. Patents (pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
13. Other (as per the table of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

* Includes money that your institution received for your efforts.

** For example, if you report a consultancy about disease to receive expert-level input for the consultancy on the list.

Section 6.

Other relationships

Are there other relationships or activities that readers could perceive have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, other relationships/conditions/circumstances that present potential conflicts of interest

No, the following relationships/conditions/circumstances are present (optional below)

In the case of non-peer reviewed journals, authors will not submit to conflict and. If necessary, update their disclosure statements. In reviews, journals may not submit to disclose further information about reported relationships.

[Please see Table Below Checked Yes](#)

[Save](#)



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Evaluation and Feedback

Please visit <https://www.icmje.org/feedback> to provide feedback on your experience with completing this form.