

Conflict of Interest ICMJE Disclosure Form

Date:	<input type="text"/>	Click or tap to enter a date.
Your Name:	<input type="text"/>	Click or tap here to enter a text.
Manuscript Title:	<input type="text"/>	Click or tap here to enter a text.
Manuscript Number (if known):	<input type="text"/>	Click or tap here to enter a text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

Name all entities with whom you have this relationship or indicate none (add rows as needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None
		<input type="text"/>
		<input type="text"/>
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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
3	Royalties or licenses	None
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
4	Consulting fees	None
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Name all entities with whom you have this relationship or indicate none (add rows as needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
6	Payment for expert testimony	None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
8	Patents planned, issued or pending	None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
11	Stock or stock options	None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	

13	Other financial or non-financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.