



## TMSJ Form for Disclosure of Potential Conflicts of Interest

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. 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.

Type your full name. If you are NOT the corresponding author please check the box "No" and type the name of the corresponding author. Provide the requested manuscript information.

\*If you are the corresponding author, and neither you nor your co-authors have any disclosures to declare under Sections 2, 3, or 4 below, you can check "Nothing to disclose" (see Section 1, line 7, page 2). In this case only, the disclosure applies to all authors, and the form is complete.

### 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, from the initial conception and planning to the present. 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". Then complete the appropriate boxes to indicate 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 the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf 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 interactions with the work's sponsor that are outside the submitted work should also be listed here. 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 ONLY 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 here (but can be acknowledged on the title page of the manuscript). 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 readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

\*If you are the corresponding author, and neither you nor your co-authors have any disclosures to declare under Sections 2, 3, or 4 below, you can check "Nothing to disclose" (see Section 1, line 7, page 2). In this case only, the disclosure applies to all authors, and the form is complete.

### Section 1. Identifying Information

Complete by providing the requested information in the white boxes.

|  |   |                             |  |                  |  |
|--|---|-----------------------------|--|------------------|--|
| 1. Given Name (First Name):  |   | 2. Surname (Last Name):     |  | 3. Current Date: |  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No | If "No", name of corresponding author: |                  |  |
| 5. Manuscript Title:   |   |                             |  |                  |  |
| 6. Manuscript Identifying Number (if you know it):   |   |                             |  |                  |  |
| 7. If you are the corresponding author, and neither you nor your co-authors have any disclosures to declare, check here: | <input type="checkbox"/> <b>Nothing to Disclose</b> |                             |  |                  |  |

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information in the white boxes. Add rows as needed.

The Work Under Consideration for Publication

| Type  | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments |
|---|----|-------------------|----------------------------|----------------|----------|
| 1. Grant  |    |                   |                            |                |          |
| 2. Consulting fee or honorarium   |    |                   |                            |                |          |
| 3. Support for travel to meetings for the study or other purposes   |    |                   |                            |                |          |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like |    |                   |                            |                |          |
| 5. Payment for writing or reviewing the manuscript  |    |                   |                            |                |          |
| 6. Provisions of writing assistance, medicines, equipment, or administrative support  |    |                   |                            |                |          |
| 7. Other  |    |                   |                            |                |          |

\*This means money that your institution received for your efforts this study.

Section 3. Relevant financial activities outside the submitted work.

Please indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information in the white boxes.

Relevant Financial Activities Outside the Submitted Work

| Type of Relationship (in alphabetical order)                                | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments |
|---|----|-------------------|----------------------------|----------------|----------|
| 1. Board membership   |    |                   |                            |                |          |
| 2. Consultancy  |    |                   |                            |                |          |
| 3. Employment   |    |                   |                            |                |          |
| 4. Expert testimony   |    |                   |                            |                |          |
| 5. Grants/grants pending  |    |                   |                            |                |          |
| 6. Payment for lectures including service on speakers bureaus               |    |                   |                            |                |          |
| 7. Payment for manuscript preparation                                       |    |                   |                            |                |          |
| 8. Patents (planned, pending or issued)                                     |    |                   |                            |                |          |
| 9. Royalties  |    |                   |                            |                |          |
| 10. Payment for development of educational presentations                    |    |                   |                            |                |          |
| 11. Stock/stock options   |    |                   |                            |                |          |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** |    |                   |                            |                |          |
| 13. Other (err on the side of full disclosure)                              |    |                   |                            |                |          |

\*This means money that your institution received for your efforts.

\*\*For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other Relationships

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?

\_\_\_ No other relationships/conditions/circumstances that present a potential conflict of interest.

\_\_\_ Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, we ask that you update your disclosure statements if anything has changed. On occasion, we may ask you to disclose further information about reported relationships.

This form is adapted from the Author Disclosure Form created by the International Committee of Medical Journal Editors (ICMJE). The ICMJE has not endorsed nor approved the contents here. The official version of the ICMJE Author Disclosure Form is located at

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