

Definitions of Terms in Disclosure Agreement

Commercial entity: A for-profit business that manufactures, distributes, markets, sells, or advertises pharmaceutical or scientific products or medical devices.

Compensation: Anything of monetary value including a salary, honorarium, stipend, gift, or payment of travel-related expenses.

Expert witness: A person who has provided expert medical testimony during a trial or administrative hearing, in a deposition or an affidavit, or in any other type of legal proceeding.

Immediate "family member": Any person who would benefit financially from the publication of the manuscript because of their relationship to the author. This includes a member of an author's immediate family or anyone else who has a significant relationship with the author.

I have read and understand the definitions of the above terms.

Name:

Guideline Project(s):

NONFINANCIAL DISCLOSURE	
1. I take responsibility for the contributions previously indicated and the conduct of the research. I had full access to the data.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No. If no, please explain here:
2. I have chosen to declare one or more non-financial competing interests (e.g., special interest groups you represent or others that may be affected if your paper is published or that could be perceived as biasing the study). Non-financial disclosures will not be published.	
<input type="checkbox"/> Yes	If yes, explain here:
<input type="checkbox"/> No	
FINANCIAL DISCLOSURE	
Personal Compensation from a Commercial or Non-Profit Entity	
Within the past 24 months (and during the course of the study under consideration if the study exceeded two years), I or one of my "immediate family members" received personal compensation for the following:	
(All compensation received during the past two years regardless of the relationship to the study must be disclosed; for the period exceeding two years, only compensation relevant to the topic of the study needs to be disclosed.)	
3. Serving on a scientific advisory board	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
4. Gifts worth more than \$500 (specify gift item and source in box)	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
5. Funding for travel	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

6. Serving as a journal editor, an associate editor, or as a member of an editorial advisory board. This may include a journal published by your national medical/scientific organization.	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
7. Patents held or pending that may accrue revenue, whether or not revenue has been received to date	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
8. Royalties from publishing	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
9. Honoraria	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
10. Corporate appointments	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
11. Speakers' bureau	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
12. Other non-CME related activities not covered in designations above	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
13. Do you perform clinical procedures or imaging studies in your practice that overlap with the content of this study, practice parameter, or clinical practice guideline and would this part of your practice grow if the conclusions were widely followed? (Note: This is the only item in this Agreement that applies to an interest that is related specifically to this particular study, practice parameter, or clinical practice guideline.) If yes, provide details.	
<input type="checkbox"/> Yes	Types of procedures and percentage of clinical effort (e.g. MRI – 25%) 1. 2.
<input type="checkbox"/> No	

RESEARCH SUPPORT

Within the past 24 months and during the course of the study under consideration if the study exceeded two years, I or one of my "immediate family members" received financial or material research support or compensation from the following.

(All support received during the past two years regardless of the relationship to the study must be disclosed; for the period exceeding two years, only support relevant to the topic of the study needs to be disclosed.)

14. Commercial entities

<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

15. Government entities

<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

16. Academic entities other than those attributed in the manuscript

<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

STOCK, STOCK OPTIONS & ROYALTIES

In the past 24 months and during the course of the study under consideration if the study exceeded two years, I or one of my "immediate family members":

(All revenues during the past two years regardless of the relationship to the study must be disclosed; for the period exceeding two years, only revenues relevant to the topic of the study needs to be disclosed.)

17. Held stock or stock options or received expense compensation for serving on a board of directors

<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

18. Received license fee payments

<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

19. Received royalty payments or have contractual rights for receipt of future royalty payments from technology or inventions that have been licensed or sold (this does not include royalties from publishing).

<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

20. Held stock or stock options in a company sponsoring research with which the author or "immediate family member" was involved as an investigator. (This excludes investments in mutual funds held by the author or dependents.)

<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
21. Held stock options in a company whose medical equipment or other materials related to the practice of medicine. (This excludes investments in mutual funds held by the author or dependents.)	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

LEGAL PROCEEDINGS

In the past 24 months and during the course of the study under consideration if the study exceeded two years, I have (whether or not it pertains to the topic of the current study):

22. Given expert testimony with regard to any legal proceeding	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
23. Prepared an affidavit with regard to any legal proceeding	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	
24. Acted as a witness or consultant with regard to any legal proceeding	
<input type="checkbox"/> Yes	Disclosures 1. 2.
<input type="checkbox"/> No	

I have completed this Disclosure Statement fully and to the best of my ability. I understand all Authors must complete this Disclosure Statement and that the information disclosed will be published if the manuscript is accepted for publication.

Signed:

Date: