



American Epilepsy Society

Epilepsy Currents Journal

Disclosure of Potential Conflicts of Interest

Section #1 Identifying Information

1. Today's Date: 6/9/15
2. First Name: Barbara Last Name: Dubrelet Degree: MD
3. Are you the Main Assigned Author? ☒ Yes ☐ No

If no, enter your name as co-author:

4. Manuscript/Article Title: What Are We Communicating When We Present the Diagnosis of PNES?
5. Journal Issue you are submitting for: 15/6

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. If you have more than one relationship just add rows to this table.

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

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

** Use this section to provide any needed explanation.

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship just add rows to this table.

Type of relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
1. Board membership	<input type="checkbox"/>	No		Epilepsy Foundation of New England	
2. Consultancy	<input type="checkbox"/>	yes		Sleep Med Best Doctors	
3. Employment	<input type="checkbox"/>	yes			
4. Expert testimony	<input checked="" type="checkbox"/>				
5. Grants/grants pending	<input checked="" type="checkbox"/>				
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>				
7. Payment for manuscript preparation.	<input checked="" type="checkbox"/>				
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>				
9. Royalties	<input checked="" type="checkbox"/>				
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>				
11. Stock/stock options	<input checked="" type="checkbox"/>				
12. Travel/accommodations/meeting expenses unrelated to activities listed.**	<input checked="" type="checkbox"/>				
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>				

* 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:

Thank you for your assistance.
Epilepsy Currents Editorial Board



American Epilepsy Society

Epilepsy Currents Journal

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. 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 main contributing author, please check the box "no" and enter the name of the main contributing author in the space that appears. Provide the requested manuscript information.

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. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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. 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.