

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" and a 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 enter it.

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.

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4. Other relationships.

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| Section 1. Identifying Inform | ation | 1 5 3 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|---|---|
| 1. Given Name (First Name) Ilona | 2. Surname (Last Name) Schwarz | 3. Effective Date (07-August-2008) 27-September-2020 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title How reliable is Dr. Google? A systematic sports medicine terms 6. Manuscript Identifying Number (if you kn | c review evaluating information available on the inte | rnet for common orthopedic |

Section 2.

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| The Work Under Consideration for Publication | | | | | | | | | |
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| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | | |
| 1. Grant | V | | | | | × | | | |
| 2. Consulting fee or honorarium | ✓ | | | | | ADD X | | | |
| 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 | ✓ | | | | | ADD X | | | |
| 5. Payment for writing or reviewing the manuscript | ✓ | | | | | ADD × | | | |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × | | | |



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| . Board membership | V | | | | | |
| . Consultancy | √ | | | | | A |
| . Employment | √ | | | | | |
| . Expert testimony | √ | | | | | |
| . Grants/grants pending | ✓ | | | | | |
| . Payment for lectures including service on speakers bureaus | √ | | | | | A |
| 7. Payment for manuscript preparation | ✓ | | | | | |

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^{**} Use this section to provide any needed explanation.



| Relevant financial activities out | ide th | e submit | ted work | 1 3 To 1 | | U. Jak |
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| 9. Royalties | ✓ | Ш | | | | X ADD |
| Payment for development of educational presentations | ✓ | | | | | × |
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| 11. Stock/stock options | \checkmark | | | | | × |
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| Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | × |
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| ✓ No other relationships/conditions | /circum | stances th | nat present a p | otential conflict of inte | erest | |
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| At the time of manuscript acceptance On occasion, journals may ask author | | | | | | statements. |
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| 1. Given Name (First Name) Jack | 2. Surname (Last Name) Hop | 3. Effective Date (07-August-2008) 13-January-2021 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Ilona Schwarz |
| 5. Manuscript TitleHow reliable is Dr. Google? A systemati sports medicine terms6. Manuscript Identifying Number (if you keep) | _ | nation available on the internet for common orthopedic |

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| The Work Under Consideration for Publication | | | | | | | | | |
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| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | | |
| 1. Grant | V | | | | | × | | | |
| 2. Consulting fee or honorarium | V | | | | | ADD × | | | |
| Support for travel to meetings for the study or other purposes | ✓ | | | | | ADD | | | |
| | | | | | | ADD | | | |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | V | | | | | × | | | |
| , | | | | | | ADD | | | |
| Payment for writing or reviewing the manuscript | \checkmark | | | | | × | | | |
| | | | | | | ADD | | | |
| Provision of writing assistance, medicines, equipment, or administrative support | √ | | | | | × | | | |



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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | √ | | | | | × |
| 2. Consultancy | ✓ | | | | | ADD X |
| 3. Employment | ✓ | | | | | × |
| 4. Expert testimony | √ | | | | | ADD X |
| 5. Grants/grants pending | ✓ | | | | | × |
| Payment for lectures including service on speakers bureaus | V | | | | | × |
| Payment for manuscript preparation | / | | | | | ADD |

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

^{**} Use this section to provide any needed explanation.



| Relevant financial activities out | side th | e submitt | ted work | | 1 5 1 5 | 42.13 | |
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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | |
| Patents (planned, pending or issued) | ✓ | | | | | ADD | |
| 9. Royalties | V | | | | | ADD X | |
| Payment for development of educational presentations | ✓ | | | | | × | |
| 11. Stock/stock options | / | | | | | ADD × | |
| Travel/accommodations/ meeting expenses unrelated to activities listed** | √ | | | | | × | |
| 13. Other (err on the side of full disclosure) | ✓ | | | | | ADD × | |
| * This means money that your institution ** For example, if you report a consultance | | | | avel related to that consul | tancy on this line. | ADD | |
| Section 4. Other relations | nips | V12.7 | 127 | | 100000 | - | |
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| ✓ 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 On occasion, journals may ask author | | | | | | statements. | |
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Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.}$



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| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Ilona Schwarz |
| 5. Manuscript Title How reliable is Dr. Google? A systemati sports medicine terms | c review evaluating inform | ation available on the internet for common orthopedic |
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| The Work Under Consideration for | or Pub | lication | | | | |
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| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | √ | | | | | × |
| 2. Consulting fee or honorarium | V | | | | | ADD X |
| 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 | 7 | | | | | ADD X |
| 5. Payment for writing or reviewing the manuscript | ✓ | | | | | × ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | √ | | | | | × |



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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments |
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| 1. Board membership | ✓ | | | | > |
| 2. Consultancy | V | | | | AC > |
| 3. Employment | ✓ | | | | > |
| I. Expert testimony | ✓ | | | | AC > |
| . Grants/grants pending | \checkmark | | | | > AC |
| . Payment for lectures including service on speakers bureaus | ✓ | | | | > |
| 7. Payment for manuscript preparation | ✓ | | | | AC |

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| Relevant financial activities outs | ide the | e submit | ted work | 141 TO 14 1 1 1 | | |
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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
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| issued) | 1 | | | | | × |
| 0.0 | | | | | | ADD |
| 9. Royalties | \checkmark | | Ш | | | X ADD |
| Payment for development of educational presentations | ✓ | | | | | × |
| | | | | | | ADD |
| 11. Stock/stock options | ✓ | | | | | X ADD |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | √ | | | | | × |
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| Other (err on the side of full disclosure) | \checkmark | | | | | × |
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| No other relationships/conditions | /circum | stances th | nat present a p | otential conflict of int | erest | |
| Yes, the following relationships/co | ondition | ns/circums | tances are pre | sent (explain below): | | |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. | | | | | | |



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Bravman 1



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| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | V | | | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | V | | | | | × |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | \checkmark | | | | | × |
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| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | V | | | | | × |
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| Payment for writing or reviewing the manuscript | √ | | | | | × |
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| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × |

Bravman 2



| The Work | Under Cons | ideration fo | r Pub | lication | | | | |
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|--|----------|-------------------------|----------------------------------|---|----------|------|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | √ | | | | | × |
| | | | | | | ADD |
| 2. Consultancy | | \checkmark | | Biomet DJ Orthopaedics | | × |
| | | | | D3 OTT. Topacares | | ADD |
| 3. Employment | | ✓ | | University of Colorado School of Medicine Department Orthopedics | | × |
| | | | | | | ADD |
| 4. Expert testimony | | √ | | Mitek Smith and Nephew Stryker Shukla Medical | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | | ✓ | | | | × |
| | | _ | <u> </u> | | | ADD |

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

^{**} Use this section to provide any needed explanation.



| Relevant financial activities out | side th | e submitt | ted work | STATE BANK | | |
|--|----------|-------------------------|----------------------------------|-----------------|---|-------|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| Payment for lectures including service on speakers bureaus | / | | | | | × |
| 7. Payment for manuscript preparation | ✓ | | | | | ADD X |
| Patents (planned, pending or issued) | ✓ | | | | | ADD × |
| 9. Royalties | | \checkmark | | Shukla Medical | IP royalties | ADD |
| Payment for development of educational presentations | ✓ | | | | | ADD |
| 11. Stock/stock options | V | | | | | ADD |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | ADD X |
| 13. Other (err on the side of full disclosure) | | ✓ | | Biomet | Research Support | ADD × |
| 13. Other (err on the side of full disclosure) | | ✓ | | DJ Orthopaedics | Paid consultant | × |
| 13. Other (err on the side of full disclosure) | | ✓ | | Mitek | Other financial or material support | × |
| Other (err on the side of full disclosure) | | / | | Smith & Nephew | Other financial or material support | × |
| 13. Other (err on the side of full disclosure) | | ✓ | | Stryker | Other financial or material support; Research support | × |
| | | | | | | ADD |

^{*} This means money that your institution received for your efforts.

Bravman 4

^{**} 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, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. |
| Hide All Table Rows Checked 'No' SAVE |

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$



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.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a 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 enter it.

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.

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. 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.

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.



| 4 - 10 | | |
|--|-----------------------------------|--|
| 1. Given Name (First Name) Eric | 2. Surname (Last Name) McCarty | 3. Effective Date (07-August-2008 27-September-2020 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Ilona Schwarz |
| 5. Manuscript Title How reliable is Dr. Google? A systemat sports medicine terms | ic review evaluating inform | nation available on the internet for common orthopedic |

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 click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration for Publication | | | | | | | | | |
|--|----------|------|---------------------------------|----------------|------------|----------|--|--|--|
| Туре | No | Paid | Money to Your nstitution* | Name of Entity | Comments** | | | | |
| 1. Grant | ✓ | | | | | X ADD | | | |
| 2. Consulting fee or honorarium | √ | | | | | X ADD | | | |
| Support for travel to meetings for the study or other purposes | √ | | | | | × ADD | | | |
| 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 | √ | | | | | × | | | |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × | | | |



| The Work | c Under Consider | ation for Pub | lication | | HUNGENEY | | |
|----------|------------------|---------------|-------------------------|----------------------------------|----------------|------------|-----|
| | Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | | ADD |
| 7. Other | | V | | | | | × |
| | | | | | | | ADD |

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 click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Type of Relationship (in alphabetical order) 1. Board membership | No. | Paid to You | Your Institution* | Entity | Comments | |
|---|--------------|----------------|----------------------|----------------------------------|----------|-----|
| 1. Board membership | ✓ | | | | | |
| | | | | | | × |
| | | | | Zimmer Bioment | | ADI |
| | | | | Zmith & Nephew | | |
| 2. Consultancy | | V | | Arthrex Mitek | | × |
| | | | | Ossur Breg | | 4. |
| | | | | Elesevier | | 100 |
| | | | | University of Colorado | | ADI |
| 3. Employment | | V | | School of Medicine department of | | × |
| | | | | Orthopedics | | L. |
| | | | | | | ADE |
| 4. Expert testimony | \checkmark | | | | | ADD |
| 5. Grants/grants pending | 7 | | | | | X |

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

^{**} Use this section to provide any needed explanation.



| Relevant financial activities outs | ide th | e submit | ted work | 7. 大车 打造品 | | | | | |
|--|--------------------------------|-------------------------|----------------------------------|----------------------------|--------------------------|-------|--|--|--|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | | |
| Payment for lectures including service on speakers bureaus | ✓ | | | | | ADD × | | | |
| 7. Payment for manuscript preparation | ✓ | | | | | ADD × | | | |
| Patents (planned, pending or issued) | √ | | | | | × ADD | | | |
| 9. Royalties | | √ | | Elesevier | | X ADD | | | |
| Payment for development of educational presentations | ✓ | | | | | × ADD | | | |
| 11. Stock/stock options | ✓ | | | | | × | | | |
| Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | × | | | |
| 13. Other (err on the side of full disclosure) | ✓ | | | | | ADD × | | | |
| * 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 relationsh | Section 4. Other relationships | | | | | | | | |
| Are there other relationships or activi potentially influencing, what you wro | | | | to have influenced, or the | at give the appearance o | f | | | |
| ✓ 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, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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Instructions

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Enter your full name. If you are NOT the corresponding author please check the box "no" and a 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 enter it.

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Relevant financial activities outside the submitted work.

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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.



| Section 1. Identifying Inform | ation | THE RESERVE THE PARTY OF THE PA |
|---|---------------------------------|--|
| Given Name (First Name) Darby | 2. Surname (Last Name) Houck | 3. Effective Date (07-August-2008) 27-September-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Ilona Schwarz |
| 5. Manuscript Title Freestyle skiing is associated with similar compared to skiers in non-freestyle eve | • | bar spine adaptations and lower body mass index as |
| 6. Manuscript Identifying Number (if you kr SPORTSHEALTH/2020/047100 | ow it) | |

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 click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration for Publication | | | | | | | | | | |
|--|--------------|-------------------------|----------------------------------|----------------|------------|-------|--|--|--|--|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | | | |
| 1. Grant | √ | | | | | × | | | | |
| 2. Consulting fee or honorarium | ✓ | | | | | ADD X | | | | |
| Support for travel to meetings for the study or other purposes | ✓ | | | | | × | | | | |
| | | | | | | ADD | | | | |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | ✓ | | | | | × | | | | |
| | | | | | | ADD | | | | |
| Payment for writing or reviewing the manuscript | \checkmark | | | | | × | | | | |
| | | | | | | ADD | | | | |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × | | | | |



| The Work Under Consideration for Publication | | | | | | | | | |
|--|----------|-------------------------|---|----------------|------------|-----|--|--|--|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ADD | | | |
| 7. Other | ✓ | | | | | × | | | |
| | | | | | | ADD | | | |

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 click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Name of Street, or other Desire of the Owner, where the Party of the P | | The same | Manage | | | |
|--|----------|-------------------------|----------------------------------|--------|----------|---|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | V | | | | | |
| 2. Consultancy | V | | | | | A |
| 3. Employment | √ | | | | | A |
| 4. Expert testimony | √ | | | | | A |
| 5. Grants/grants pending | ✓ | | | | | A |
| 5. Payment for lectures including service on speakers bureaus | / | | | | | |
| 7. Payment for manuscript preparation | | | | | | A |

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

^{**} Use this section to provide any needed explanation.



| Relevant financial activities outs | ide the | e submit | ted work | 建设 科弘 | 道法市场基础 | | | | |
|--|----------|-------------------------|----------------------------------|-------------------------|-------------------------|-------------|--|--|--|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | | |
| Patents (planned, pending or issued) | ✓ | | | | | ADD × | | | |
| 9. Royalties | 7 | | | | | ADD X | | | |
| Payment for development of educational presentations | ✓ | | | | | ADD × | | | |
| 11. Stock/stock options | ✓ | | | | | ADD × | | | |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | ADD X | | | |
| 13. Other (err on the side of full disclosure) | ✓ | | | | | ADD × | | | |
| * 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 relationsh Are there other relationships or activi | | readers c | ould perceive t | o have influenced, or t | hat give the appearance | re of | | | |
| potentially influencing, what you wro | | | | o nave iiiiaeneea, or e | nat give the appearant | | | | |
| No other relationships/conditions Yes, the following relationships/co | | | | | est | | | | |
| At the time of manuscript acceptance On occasion, journals may ask author | | | | | | statements. | | | |
| Hide All Tal | ole Row | s Checke | d 'No' | SAVE | | | | | |

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$