

Author Name

May 17, 2023 08:35:01 EDT
Cochrane

Discloser Identifier: *author email address*

Disclosure Purpose: Sample disclosure

Summary of Interests

[DISPLAY ALL INTEREST DETAILS](#)

Company or Organization

	Entity	Type	Interest Held By
<input type="checkbox"/>	Organization / Company Name	Grant / Contract	Self

Contract Start Date: 05/01/2023 **Contract End Date:** Ongoing / No Known End Date
Additional Information:

Additional Questions

1. For each of the relationships or activities below, please indicate whether, in the time period beginning 36 months prior to article submission and ending at the date of publication, you have received payment from a commercial organization with an interest in the topic of the review. This means that the organization has developed (or is known to be developing), or distributes (anywhere in the world), an intervention or potential comparator related to the topic of the review. This applies even if the payment was made for work or advice that did not relate to the topic of the review.
 - a. **Employment** (If you need to add an interest, return to the previous step and select "Employment")
 - b. **Payment for expert testimony** (If you need to add an interest, return to the previous step and select "Expert Witness")
 - c. **Leadership or other fiduciary role in other board, society, committee, or advocacy group** (If you need to add an interest, return to the previous step and select "Fiduciary Officer")
 - d. **Grants or contracts** (If you need to add an interest, return to the previous step and select "Grant/Contract")
 - e. **Patents – planned, issued, or pending** (If you need to add an interest, return to the previous step and select "Patent")

- f. **Consulting fees** (If you need to add an interest, return to the previous step and select “Consultant”)
- g. **Payments or honoraria for lectures, presentations, speakers bureaus, manuscript writing, or educational events** (If you need to add an interest, return to the previous step and select “Other” and name the activity in the “Description” field)
- h. **Payment for participation on a Data Safety Monitoring Board, Advisory Board or Guideline Panel** (If you need to add an interest, return to the previous step and select “Data and Safety Monitoring”)
- i. **Ownership of stock shares or stock options** (If you need to add an interest, return to the previous step and select the appropriate interest type).
- j. **Support for attending meetings or other travel, including sabbaticals and study tours** (If you need to add an interest, return to the previous step and select “Travel”).
- k. **Royalties or licenses** (If you need to add an interest, return to the previous step and select “Royalties and Licenses”).
- l. **Payment for a fellowship** (If you need to add an interest, return to the previous step and select “Other” and name the activity in the “Description” field).
- m. **Income from private practice** (If you need to add an interest, return to the previous step and select “Employment” and state ‘private practice’ in the “Description” field).
- n. **Receipt of writing assistance, medicines, equipment, administrative support, or other services** (If you need to add an interest, return to the previous step and select “Other” and name the activity in the “Description” field).
- o. **Payment for writing this review** (If you need to add an interest, return to the previous step and select “Other” and name the activity in the “Description” field).
- p. **Other** (if you need to add an interest, return to the previous step and select “Other” and name the activity in the “Description” field).

2. **If you selected the interest “Other Business Ownership,” please provide the start and end date related to this interest.**

3. **For each of the interests entered below, please indicate whether the payment was received by you personally or your institution.**

a. Organization / Company Name Grant/Contract

i. Were these funds received by YOU personally?

1. If this payment was made to your institution, did you benefit financially from this payment and/or have access to or control of the funds?

4. **Declaring non-financial/other interests**

This section deals with non-financial relationships and activities that have a direct and obvious connection to the topic of the review or other Cochrane Library content.

Please select all interests that may be seen as relevant to the editor or reader.

- a. **Published opinions in medical journals, the public press, broadcast and social media relevant to the interventions in the work.**

i. Please name the activity, name of organization/institution, and additional details.

b. Work as a health professional.

i. Please name the activity, name of organization/institution, and additional details.

c. Any affiliation to an organization(including not for-profit) that has a declared opinion or position on the topic.

i. Please name the activity, name of organization/institution, and additional details.

d. Any Cochrane editorial role.

i. Please name the activity, name of organization/institution, and additional details.

e. Other.

i. Please name the activity, name of organization/institution, and additional details.

5. Declaring involvement in eligible studies

Anyone involved in writing a Cochrane Review, should declare whether they have had any direct involvement in the conduct, analysis, and publication of studies that could be included in the specific review.

Were you involved in conducting a study (or studies) that is (are) eligible for inclusion in the work?

a. What was (were) the funding source(s) for the study (or studies) that is (are) eligible for inclusion in the work? Please list each study and indicate the funding source for each.

b. Please name the activity, name of organization(s)/institution(s), and additional details for each study.

Certification

I confirm that I have declared all relevant information in line with Cochrane's CoI policy.

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