

Neurology[®] Journals

Sample Disclosure Form

Authors and Co-authors,

In the increasingly complex world of scientific publication, concerns about commercial influence and other possible conflicts make it important for authors to disclose all potential sources of bias. Our system aligns with the policies of the AAN and allows the readers to judge whether bias exists. All Authors (not Co-investigators or Contributors) will be required to complete the following form upon provisional acceptance of a manuscript. Please refer to the definitions at the beginning of the form regarding commercial entities, compensation, expert witness, and "immediate family member." At first glance, this task may seem onerous, but will likely take less than 10 minutes.

The paper will not advance until all authors have completed their forms. The corresponding author will be able to monitor the completion of the forms and must take responsibility for notifying authors who have not completed forms.

What to expect: You will be asked whether you have disclosures relating to each question (check yes or no) and will be provided a field in which to list the disclosures. For best results, click the Feedback button above if you encounter difficulty when completing the form. As quickly as possible, a staff member will provide a solution to the problem you describe. If you need immediate help with the form, please call 612-928-6400 between 8AM-5PM Central time Monday through Friday.

Filling out the forms on the next few screens will be easiest if you have a list of the following items regarding your activity (either commercial or non-profit) and that of any immediate family members during the past two years or during the length of the study reported if it exceeded two years. Disclosures are required for any dollar amount, except for gifts valued under \$1000. Names of commercial and non-profit entities are required along with specific roles, grant numbers for grants, and specific years. No dollar amounts need to be included. Please indicate complete names of sponsors or companies.

The information requested on this sheet is also required on page 2 (and extra pages if needed) of your initial, new submission, revisions, and final version of the manuscript. Please read all definitions and questions carefully. If an author has previously completed a Neurology[®] journal disclosure form, the form should be checked to ensure that it is current.

Personal compensation:

Serving on a scientific advisory board

Gifts worth more than \$1000

Travel funded by a commercial entity

Serving as a journal editor, associate editor, or on an editorial advisory board

Patents held or pending

Royalties from publishing

Honoraria for speaking engagements

Corporate appointments or consultancies

Speakers' bureaus

Clinical, neurophysiology, or imaging studies in your practice and % effort devoted if the result of this paper will benefit your practice, affiliated unit, or a sponsor

Research support:

Commercial research support

Government research support (including funding organization, grant number, and role)

Academic research support not attributed in the manuscript

Support from a non-profit foundation or society

Stock options for serving on a Board of Directors

License fee payments

Royalty payments from technology or inventions

Stocks, stock options, and royalties

Stock options in a company in which you are (were) an investigator

Stock options in medical industry

Legal proceedings

Expert testimony for a legal proceeding on behalf of industry

Affidavit for a legal proceeding on behalf of industry

Witness or consultant for a legal proceeding on behalf of industry

Optional non-financial

Non-financial disclosures you wish to share

Definitions of Terms in Disclosure Agreement

Commercial entity: Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, or is otherwise involved in and seeking to profit from activities related to the provision of health care. Commercial entities include pharmaceutical, medical device, and scientific product companies, manufacturers of health-related wearable products, group purchasing organizations, pharmacy benefit managers, contract research organizations, electronic health record companies, health care technology companies, and insurers. Commercial entities do not include organizations that provide clinical services directly to patients or organizations whose primary mission is to educate health care professionals (e.g., academic medical centers). This definition of "Commercial Entity" encompasses the Accreditation Council for Continuing Medical Education's definition of "ineligible companies" from the Standards for Integrity and Independence in Accredited Continuing Education.

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.

Please provide all financial relationships (and those of your "immediate family members") from the past two years regardless of whether these relationships are related to the study described in the submitted manuscript. If the study period of the manuscript exceeded two years, financial relationships relevant to the

topic must also be disclosed. The existence of any financial relationship(s) disclosed will be acknowledged in the published article if it is accepted. In addition, it is the responsibility of the Corresponding Author to ensure that all Author disclosures are listed on page 2 (and on extra pages if needed) of the submitted, accepted, and final accepted manuscripts and that the page proofs reflect the disclosures listed. If an author

does not include disclosure(s), the omission(s) will be published in a subsequent issue indicating the failure to comply and may result in consequences such as temporary loss of privileges of publishing in the Neurology® journals in the future.

FINANCIAL DISCLOSURE

Personal Compensation from Commercial and Non-Profit Entities that benefits you directly or indirectly

Within the past two years (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.

1. Serving on a scientific advisory board or data safety monitoring board

No

Yes. List specific disclosures in the following format: (1) Commercial or non-profit entity (2) Commercial or non-profit entity...

2. Gifts (other than travel or compensation for consulting or for educational efforts) worth more than USD \$1000

No

Yes. List specific disclosures in the following format: (1) Commercial or non-profit entity, brief description of gift, (2) Commercial or non-profit entity, brief description of gift...

3. Funding for travel or speaker honoraria to the individual from a commercial or non-profit entity not included in the study funding [Exclude CME activities and Grand Rounds].

No

Yes. List specific disclosures in the following format: (1) Commercial or non-profit entity, type of payment, (2) Commercial or non-profit entity, type of payment...

4. Serving as a journal editor, an associate editor, or editorial advisory board member. This may include a journal published by your national medical/scientific organization. Please include regardless of whether you receive compensation.

No

Yes. List specific disclosures in the following format: (1) Full journal name, role, year(s), (2) Full journal name...

5. Patents issued or pending.

No

Yes. List specific disclosures in the following format: (1) Brief description of invention/technology, (2) Brief description of invention/technology...

6. Publishing Royalties (do not include honoraria for occasional writing)

No

Yes. List specific disclosures in the following format: (1) Full title of work, full name of publisher, year(s) of publication (or receipt of royalties), (2) Full title of work...

7. Employment. If you are currently employed by a commercial entity, please disclose below. In addition, if your past employment at a commercial entity is directly related to this manuscript, please disclose below.

No

Yes. List specific disclosures in the following format: (1) Commercial entity, position, years (2) Commercial entity, position, years...

8. Consultancies

No

Yes. List specific disclosures in the following format: (1) Commercial or non-profit entity, (2) Commercial or non-profit entity...

9. Speakers' bureau

No

Yes. List specific disclosures in the following format: (1) Commercial or non-profit entity, (2) Commercial or non-profit entity...

10. Other activities not covered in designations above (if in doubt, provide full disclosure)

No

Yes. List specific disclosures in the following format: (1) Commercial or non-profit entity, brief description of activity, (2) Commercial or non-profit entity,...

11. Some published work has potential for financial gain for the study investigators or the sponsor. The following question seeks to provide transparency regarding any financial benefits to investigators or sponsors.

Do you perform clinical procedures or imaging studies in your practice or unit that overlap with the content of this study, practice parameter, or clinical practice guideline and would your sponsor or this part of your practice or unit benefit 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.

No

Yes. List specific disclosures in the following format: (1) Name of Practice or Research Unit, Clinical procedure/imaging study, % of effort (e.g. 35%), year(s), (2) Name of Practice or Research Unit, Clinical procedure/imaging study, % of effort (e.g., 35%)...

RESEARCH SUPPORT

Within the past two years 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.

12. Commercial entities

No

Yes. List specific disclosures in the following format: (1) Commercial entity, (2) Commercial entity...

13. Government entities

No

Yes. List specific disclosures in the following format: (1) Sponsor/funding source, grant number(s), role, year(s), (2) Sponsor/funding source...

14. Academic entities other than those attributed in the manuscript

No

Yes. List specific disclosures in the following format: (1) Academic entity, (2) Academic entity...

15. Foundations or societies (include grant number if required by funding agency)

No

Yes. List specific disclosures in the following format: (1) Full name of Foundation or Society, (2) Full name of Foundation or Society...

STOCK, STOCK OPTIONS & ROYALTIES

In the past two years 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.

16. Stock or stock options or expense compensation for serving on a board of directors

No

Yes. List disclosures in the following format: (1) Commercial entity, (2) Commercial entity...

17. License fee payments

No

Yes. List specific disclosures in the following format: (1) Invention/technology, source of payment, (2) Invention/technology...

18. Royalty payments or have contractual rights for receipt of future royalty payments from technology or inventions (this does not include royalties from publishing).

No

Yes. List specific disclosures in the following format: (1) Technology/invention, source of payment, year(s), (2) Technology/invention...

19. Stock or stock options in a commercial entity sponsoring research with which the author or "immediate family member" was involved as an investigator (Excludes investments in mutual funds held by the author or dependents).

No

Yes. List specific disclosures in the following format: (1) Company, year(s), (2) Company, year...

20. Stock or stock options in a commercial entity whose medical equipment or other materials related to the practice of medicine. (Exclude investments in mutual funds held by the author or dependents).

No

Yes. List specific disclosures in the following format: (1) Company, year(s), (2) Company, year...

LEGAL PROCEEDINGS

In the past two years and during the course of the study under consideration if the study exceeded two years, I or one of my "immediate family members" have (whether or not it pertains to the topic of the current study):

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.

21. Given expert testimony, acted as a witness or consultant, or prepared an affidavit for any legal proceeding involving a commercial entity (do not include proceedings for individual patients). You may specify role, e.g., 'expert witness for plaintiff' if desired. (Include year only if activity is directly related to the present study.)

No

Yes. List specific disclosures in the following format: (1) Commercial entity, activity, year(s), (2) Commercial entity, activity, year(s)...

OPTIONAL: NONFINANCIAL DISCLOSURE

22. 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; the corresponding author should be aware of conflicts of interest that Co-investigators or Contributors may have). Non-financial disclosures will not be published.

No

Yes. List specific disclosures:

I have completed this Disclosure Statement fully and to the best of my ability. I understand that all Authors must complete this Disclosure Statement and that the information disclosed will be published (except year ranges and non-financial Disclosures pertaining to question 22) if the manuscript is accepted.

Yes

By my electronic signature (name preceded and followed by the forward slash symbol [/]; e.g., /John Doe/) below, I verify the completeness and accuracy of the contents of this form.

Signature

Date

for reference only