

# Author Name

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Cochrane

Disclosure Purpose: sample disclosure form 2021

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By
Organization / Company Name	Grant / Contract	Self
Contract Start Date:	Contract End Date:	Additional Information:

## Additional Questions:

1. For each of the relationships or activities below, please indicate whether you have received payment from a commercial organisation with an interest in the topic of the review within the time period starting 36 months prior to title registration (or when work started in the case of an update) through to publication 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

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.

b. Work as a health professional.

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

d. Any Cochrane editorial role.

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?

Yes.

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 Col policy.