

HOW TO COMPLETE THE FORM FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Instructions on how to complete the Form for Disclosure of Potential Conflicts of Interest in accordance with the International Committee of Medical Journals Editors (ICJME).

According to ICJME, there is a conflict of interest when an author (or his/her institution) has a financial relationship (employment, consultancy, ownership of shares, fees, or expert reports) or personal relationship (academic competition, or intellectual position) that may inappropriately influence his/her actions.

Instructions

The purpose of this form is to provide readers of papers published in *Biochimica Clinica* with information about authors' personal interests that could influence how their work is received and understood.

This form can be completed and stored electronically.

Each author should complete a separate form. Therefore, he/she is responsible for the accuracy and completeness of the submitted information.

1 - Identifying information

Enter the required information, including the identification number of the manuscript provided by the Editorial Staff.

2 – The manuscript under consideration for publication

This section asks for information about the work 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 submission to *Biochimica Clinica*. The requested information is about the resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Ticking "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 your institution, which did not receive any third-party funds. If you or your institution receive funds from a third party to support the work, such as government granting agencies, charitable foundations, patient associations or companies, you are requested to provide the information required specifying whether the payment went to you or your institution, or both.

3 - Relevant sources of financing outside the submitted work.

This section asks about your financial relationships with entities operating in the bio-medical arena that could be perceived as being able to potentially influence what you wrote in the submitted work. You are required to 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 shall report relationship with entities pursuing diagnostic or therapeutic strategies in the field of neoplastic diseases in general, not just in the area of EGFR or lung cancer. You should report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 24 months prior to submission of the work. This should include all payments from sources with relevance to the submitted work, not just those from the entities that sponsored the research. Where there is any doubt, it is usually better to disclose a relationship than not to do so.

Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a research in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4 - Other financial relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced what you wrote in the submitted work.

ICMJE DISCLOSURE FORM

Date:

Your Name:

Manuscript Title:

Manuscript Number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
Time frame: Since the initial planning of the work															
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.