ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Pavel
2. Surname (Last Name): Gershkovich
3. Effective Date (07-August-2008): 15-July-2015

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name: John McNeill

5. Manuscript Title: Effect of variations in treatment regimen and liver cirrhosis on exposure to benzodiazepines during treatment of alcohol withdrawal syndrome

6. Manuscript Identifying Number (if you know 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

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

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

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy		✓		iCo Therapeutics	Consulting services	×
						ADD
3. Employment		✓		University of Nottingham		×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending			✓	Cancer Research UK, Arthritis research UK, EPSRC (UK)		×
						ADD
6. Payment for lectures including service on speakers bureaus	✓					×
						ADD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	✓					×
						ADD
8. Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		✓		Funded by University of Nottingham		×
						ADD
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 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):

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Hide All Table Rows Checked 'No' SAVE

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Kishor
2. Surname (Last Name): Wasan
3. Effective Date (07-August-2008): 16-July-2015

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: John H. McNeill

5. Manuscript Title
Effect of variations in treatment regimen and liver cirrhosis on exposure to benzodiazepines during treatment of alcohol withdrawal syndrome

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration for Publication

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

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

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Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
6. Payment for lectures including service on speakers bureaus	✓					×
						ADD
7. Payment for manuscript preparation	✓					×

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Charles
2. Surname (Last Name): Ribeyre
3. Effective Date (07-August-2008): 15-July-2015

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title: Effect of variations in treatment regimen and liver cirrhosis on exposure to benzodiazepines during treatment of alcohol withdrawal syndrome

6. Manuscript Identifying Number (if you know 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…)?

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The Work Under Consideration for Publication

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

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

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
6. Payment for lectures including service on speakers bureaus	✓					×
						ADD
7. Payment for manuscript preparation	✓					×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Fady
2. Surname (Last Name): Ibrahim
3. Effective Date (07-August-2008): 13-July-2015

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name: John McNeil

5. Manuscript Title: Effect of variations in treatment regimen and liver cirrhosis on exposure to benzodiazepines during treatment of alcohol withdrawal syndrome

6. Manuscript Identifying Number (if you know 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…)?

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

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓	☐	☐			×
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Relevant financial activities outside the submitted work

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

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): John
2. Surname (Last Name): McNeill
3. Effective Date (07-August-2008): 13-July-2015

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title: Effect of variations in treatment regimen and liver cirrhosis on exposure to benzodiazepines during treatment of alcohol withdrawal syndrom

6. Manuscript Identifying Number (if you know it):

Section 2. The Work Under Consideration for Publication

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

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy		✓	✓	Private business consulting on effects of drugs, also consult for the Western Institutional Review Board on clinical research ethics	These consultations are not involved with the study.	×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony		✓	✓	See 2 above	See 2 above	×
						ADD
5. Grants/grants pending			✓	Canadian Heart Fdn, Craig Neilson Fdn	I am a co-investigator on these grants. I do cardiovascular measurements.	×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
6. Payment for lectures including service on speakers bureaus	✓					×
						ADD
7. Payment for manuscript preparation	✓					×
						ADD
8. Patents (planned, pending or issued)	✓			None in the last 3+ years	None active at this time	×
						ADD
9. Royalties	✓			None in the last 3+ years	None in last 3+ years	×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓			None in the last 3+ years	None in the last 3+ years	×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		✓		WIRB Prix Galien Committee Intl Academy of Cardiovascular Sciences	Paid partial eexpenses for my travel to meetings	×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD

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** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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