

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

# Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

### The work under consideration for publication.

This section asks for information about the work that 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 present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "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 the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should 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 should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### Other relationships.

Use this section to report 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.

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Section 1.	Identifying Inf	ormation	
1. Given Name (F Adam	irst Name)	2. Surname (Last Name) Ioannou	3. Effective Date (07-August-2008) 06-April-2016
4. Are you the co	rresponding author?	Yes 🗸 No	Corresponding Author's Name  Dr Constantinos Missouris
5. Manuscript Tit Anticoagulation		of stroke in non-valvular AF	in General Practice: room for improvement
6. Manuscript Ide 212295 MISSOL	entifying Number (if yo JRIS	ou 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.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	1					
						A
. Consulting fee or honorarium	✓					
						A
3. Support for travel to meetings for the study or other purposes	1					
						A
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					
						A
<ol> <li>Payment for writing or reviewing the manuscript</li> </ol>	1					1
						A
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	1					

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	1					AD
7. Other	1					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	1					3
						Al
2. Consultancy	1					
		_	_			Al
3. Employment	1					
						Al
1. Expert testimony	1					
Crante/avante panding						Al
5. Grants/grants pending	<b>✓</b>					A
5. Payment for lectures including						
service on speakers bureaus	1					
						Al
<ol> <li>Payment for manuscript preparation</li> </ol>	1					

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
			36		Y	AD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>V</b>					×
O. Davidsking						AD
9. Royalties	1					AD
Payment for development of educational presentations	<b>✓</b>					3
						AD
1. Stock/stock options	1					>
Travel/accommodations/     meeting expenses unrelated to     activities listed***	V					AD S
						AD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					>
						A

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# 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):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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



Section 1.	ldentifying li	nformation	
1. Given Name (F Sofia	First Name)	2. Surname (Last Name) Metaxa	3. Effective Date (07-August-2008) 11-April-2016
4. Are you the co	orresponding author	? Yes No	
5. Manuscript Tit	tle		
'Anticoagulatio	on for the prevent	on of stroke in non-valvular AF in General Pra	actice: room for improvement'
6. Manuscript Ide	entifying Number (if	you know it)	

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. Grant	1					
						A
. Consulting fee or honorarium	1					
						A
Support for travel to meetings for the study or other purposes	1					
2						A
- Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>/</b>					
						A
<ul> <li>Payment for writing or reviewing the manuscript</li> </ul>	1					į.
						A
Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					

Metaxa



The Work Under Consid	deration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
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7. Other	1					×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	<b>V</b>					
						A
. Consultancy	1					A
. Employment	1					
Expert testimony	<b>1</b>					A
. Grants/grants pending	<b>✓</b>					A
. Payment for lectures including service on speakers bureaus	<b>V</b>					A
'. Payment for manuscript preparation	<b>V</b>					A

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						A
<ol><li>Patents (planned, pending or issued)</li></ol>	1					
						A
9. Royalties	1					(2
						Al
Payment for development of educational presentations	<b>✓</b>					
						A
1. Stock/stock options	1					
						Al
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>/</b>					3
						A
Other (err on the side of full disclosure)	<b>✓</b>					
						A

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Info	rmation	
1. Given Name (F George	First Name)	2. Surname (Last Name) Kassianos	3. Effective Date (07-August-2008) 06-April-2016
4. Are you the co	orresponding author?	Yes V No	Corresponding Author's Name  Dr Adam Ionannou
5. Manuscript Tit			
Anticoagulation	n for the prevention o	of stroke in non-valvular AF	in General Practice: room for improvement
6. Manuscript Ide	entifying Number (if you	ı know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	1					
						A
. Consulting fee or honorarium	<b>√</b>					
. Support for travel to meetings for the study or other purposes	<b>✓</b>			travel expenses		A
. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>/</b>					A
. Payment for writing or reviewing the manuscript	<b>/</b>					A
. Provision of writing assistance, medicines, equipment, or administrative support				Not to me but a Writer has been used to help with the manuscript		A

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The Work Under Consi	deration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	-11-					ADD
7. Other	<b>/</b>					×
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. Board membership	1					3
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2. Consultancy	1					
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3. Employment	1					
1. Expert testimony	1					Al :
						Al
5. Grants/grants pending	1					
						Al
5. Payment for lectures including service on speakers bureaus		<b>✓</b>		Lectures		
/ Daymont for manuscript						A
<ol> <li>Payment for manuscript preparation</li> </ol>	1					

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<sup>\*\*</sup> Use this section to provide any needed explanation.



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			36			AD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>V</b>					>
9. Royalties	<b>V</b>					AD
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Payment for development of educational presentations	<b>✓</b>					5
						AE
1. Stock/stock options	1					>
12. Travel/accommodations/						AD
meeting expenses unrelated to activities listed**	<b>✓</b>					5
						AD
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	<b>✓</b>					>
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<sup>\*\*</sup> 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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7. Other	<b>D</b>					(100) (X
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#### Section 8. . .

#### 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 "Y" button.

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. Board membership	V				<u>k </u>
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. Employment	U				
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Grants/grants pending					
Payment for lectures including service on speakers bureaus	ď				
Payment for manuscript preparation					

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out  Type of Relationship (in alphabetical order)		Morrey Palisto	Money to	, di	Hay - F		Com	nencs
8. Patents (planned, pending or issued)	V							
. Royalties	1							
Payment for development of educational presentations								
1. Stock/stock options	1							
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	d							
3. Other (err on the side of full disclosure)	Ø		Î					
This means money that your institution • For example, if you report a consultant	received cy above t	for your effe here is no n	orts. leed to report t	avel related t	o that cons	ultancy	on this li	ie.
Segion 4. Other relationsl Are there other relationships or activ potentially influencing, what you wro	Tips itles that	readers co	ould perceive	10	11			
No other relationships/conditions						rest		
Yes, the following relationships/c	ondition	s/circumst	ances are pre	sent (explair	i below):			
At the time of manuscript acceptance On occasion, journals may ask author	s, journal s to discl	s will ask a ose furthe	uthors to con r information	firm and, if r about repor	necessary, ted relatio	update inships.	their dis	closure s
THEOMORE					<b>7</b> 8			



Evaluation and Readback

Please visit http://www.icmie.org/cgi-bin/feedback to provide feedback on your experience with completing this form.