

CHEST Conflicts of Interest Disclosure Form

Name: _____ (*Every author must complete a separate form.*)

Manuscript Name & ID Number: _____

Date: _____

DEFINITION: For purposes of CHEST and this disclosure form, a conflict of interest is a financial relationship or other set of circumstances that might affect, or might reasonably be thought by others to affect, an author's judgment, conduct or manuscript. A conflict of interest exists based on the author's circumstances. The author's behavior, subjective beliefs, and outcomes are irrelevant. In other words, the author must disclose a conflict of interest, even if the circumstances do not actually influence the author's actions or manuscript, and even if the author believes that the circumstances cannot or will not affect the author's actions or manuscript.

Category of Conflict of Interest	Mark "Yes" or "No" to indicate whether each listed circumstance applies to you or to your parents, siblings, spouse, life companion or children. Consider the <u>three-year time period</u> before the date of this form <u>and</u> known, future commitments. Provide details for all "Yes" answers.	
	No	Yes (include dates, dollar amounts and other details)
Receive university grant monies		
Receive pharmaceutical company grant monies		
Receive other grant monies		
Receive royalties or in-kind benefits (e.g., travel, accommodations) from a commercial entity		
Shareholder (or stock option holder) of a pharmaceutical or medical device company		
Employee, officer or director of a pharmaceutical or medical device company		
Consultant to a pharmaceutical or medical device company		
Employee, officer or director of an institution or employer that, to my knowledge, has a financial relationship with a commercial entity having an interest in the subject of the manuscript		
Receive money for patient enrollment or completion of research		
Hold patent rights, or have a patent application pending, for research related to the manuscript		
Participate in speaking activities, an industry advisory committee, or other activities related to industry sources, with or without receiving honoraria or in-kind benefits		
Make public statements related to the subject of the manuscript		
Provide expert witness testimony for a commercial entity, or in any litigation related to the subject of the manuscript		
Anything else that could affect my objectivity or independence related to the manuscript, or the perception by others of my objectivity and independence		

Draft a conflicts of interest disclosure statement related to yourself, by summarizing all “Yes” answers listed above in general terms (excluding specific monetary amounts):

ATTESTATION:

I attest that my answers are true, that I have disclosed all conflicts of interest in accordance with the CHEST conflicts of interest policy (located at www._____), and that the disclosed conflicts of interest (if any) did not bias, or in any way impact the integrity of, the submitted manuscript.

SIGNATURE:

If I choose to submit this form electronically, I agree that keying in my name and corresponding date at the top of this form indicates my assent to its terms and is equivalent to my signature.

Signature

For questions, please email: editor@chestnet.org

A CHEST Conflicts of Interest Disclosure Form from every author must be submitted at the time of manuscript submission. Updates must be submitted on-line until the date of the final proof of the manuscript. Submit this form electronically or send it to:

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Last updated February 27, 2008