

#### **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.

## 1. 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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. 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.

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## 4. 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.



Section 1. Identifying Infor	mation		
1. Given Name (First Name) Hans-Peter	2. Surname (Last Name) Hartung		3. Effective Date (07-August-2008) 05-January-2012
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Nan Nobuhiro Yuki	ne
5. Manuscript Title Guillain-Barré Syndrome			
6. Manuscript Identifying Number (if you 11-14525	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	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



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

#### Section 3.

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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	<b>✓</b>					×		
						ADD		
2. Consultancy		✓		Biogen Idec GmbH		×		
2. Consultancy		<b>✓</b>		Novartis Pharma GmbH		×		
2. Consultancy		✓		Merck Serono GmbH		×		
2. Consultancy		$\checkmark$		Bayer Healthcare GmbH		×		
2. Consultancy		<b>✓</b>		Genzyme		×		
2. Consultancy		<b>✓</b>		CSL Behring		×		
2. Consultancy		<b>✓</b>		Talecris GmbH		×		
2. Consultancy		<b>✓</b>		Baxter GmbH		×		
2. Consultancy		<b>✓</b>		Grifols GmbH		×		
						ADD		
3. Employment	<b>✓</b>					×		

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

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



Relevant financial activities ou	tside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
			_			ADI
4. Expert testimony	✓					×
F. Grants/grants ponding						ADI
5. Grants/grants pending			✓			ADI
6. Payment for lectures including service on speakers bureaus		<b>✓</b>		Talecris GmbH		×
6. Payment for lectures including service on speakers bureaus		<b>✓</b>		Baxter GmbH		×
6. Payment for lectures including service on speakers bureaus		<b>✓</b>		Grifols GmbH		×
_						ADI
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADI
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADI
9. Royalties	✓					×
Payment for development of educational presentations	<b>✓</b>					AD
eddeational presentations						AD
11. Stock/stock options	<b>✓</b>					×
						ADI
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						AD
13. Other (err on the side of full disclosure)	<b>√</b>					×
						AD

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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 4.	Other relationships								
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?								
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest								
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):								
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'								

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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Section 1.	Identifying Infor	mation			
1. Given Name (First Name) Nobuhiro		2. Surname (Last Name) Yuki	3. Effective Date (07-August-2006) 11-January-2012		
4. Are you the corresponding author?		✓ Yes No			
5. Manuscript Title Guillain-Barré Sy					
6. Manuscript Ider 11-14525	ntifying Number (if you l	know it)			

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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<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>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



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

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

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Relevant financial activities out	side the	submitt	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
* 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 relations	h.•						
Are there other relationships or active							

# 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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