

ICMJE FORM FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Given Name (First Name): EMAD

Surname (Last Name): ABU-ASSI

Type of Relationship	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	X				
Consultancy		X		ASTRA-ZENECA	En el contexto de interpretación de resultados de estudios de investigación clínica.
Employment	X				
Expert testimony					
Grants/grants pending			X	ASTRA-ZENECA	Coinvestigador en un trabajo científico financiado con una beca de investigación clínica.
Payment for lectures including service on speakers bureaus		X		ASTRA-ZENECA	
Payment for manuscript preparation	X				
Patents (planned, pending or issued)	X				

Royalties	X				
Payment for development of educational presentations	X				
Stock/stock options	X				
Travel/accommodations/meeting expenses unrelated to activities listed**	X				
Other (err on the side of full disclosure)	X				

* 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.

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):