

Appendix 5 (as supplied by the authors): Declaration of interests

You have been accepted an invitation to participate in the development of a guideline addressing the management of patients with COVID-19.

Policy on declaration of interests

We are committed to ensuring the integrity of our guideline. We will strive to be transparent about our potential conflicts of interest.

We ask that you declare any relevant interests that might conflict with the decisions you will make for this guideline. We are interested in any possible conflicts as a result of your activities in the preceding 36 months and the next 12 months. A conflict of interest arises when a person has a personal or organizational interest that may influence or appear to influence the work on the guideline. This may be a financial or non-financial interest.

This declaration will cover a number of different areas - we recommend having any information on the following to hand before you start completing this form:

- ✓ Board Membership
- ✓ Employment
- ✓ Grants/Pending Grants
- ✓ Stock and Ownership
- ✓ Intellectual Interests

You may have a conflict for one or more of the interventions we will be discussion. **The interventions are: steroids, antiviral drugs, convalescent plasma.**

Below you will be asked questions about possible conflicts. If you answer yes to any question we would like you to specify for what intervention you are conflicted.

Board Membership

(e.g. advisory board, management board)

- For the preceding 36 months and the next 12 months from today, have you been a member of a board? *
YES NO

If Yes, tell us for which interventions you are conflicted: _____

If Yes, please provide the details of all your board membership, including (1) the name of the organization, eg. company or academic society; (2) the type of the board, eg.

Advisory board, management board, academic board; (3) your role/title in the organization; (4) whether there is any interest related to the article topic, eg. YES or NO; (5) whether you receive payment from the board, eg. YES or NO. If you have more than one board membership, please state them all in separate lines.

Eg. XX company, advisory board, member, NO, YES.

Employment

- For the preceding 36 months and the next 12 months from today, do you have other employment besides your primary institute and the organization you have mentioned in this statement? *

YES NO

If Yes, tell us for which interventions you are conflicted: _____

If Yes, please provide the details of the organization, including (1) the name of the organization, eg. company; (2) your role/title in the organization; (3) whether there is any interest related to the article topic, eg. YES or NO; (4) whether you receive payment from the board, eg. YES or NO. If you have more than one secondary employment, please state them all in separate lines.

Eg. XX company, chief medical officer (CMO), NO, YES.

Grants/Grants Pending

- Have you received, or are expecting to receive Grants over the preceding 36 months and the next 12 months? *

YES NO

If Yes, tell us for which interventions you are conflicted: _____

If Yes, please provide the details of the grants, including (1) the name of the organization who offers the grant, eg. company, National Natural Science Foundation of China; (2) your role in the grant; (3) the role of the organization in the grant or study, eg. whether the organization had any role in: study design; data collection, access, analysis, or interpretation; writing of the report; or the decision to publish; (4) whether there is any interest related to the article topic, eg. YES or NO. If you have more than one grant, please state them all in separate lines.

Eg. National Natural Science Foundation of China, principle investigator, the organization takes no role in the study, NO.

Stock, Stock Options, Other Forms of Ownership

- Have you received, or are planning to receive stock or payments from stock over the preceding 36 months and the next 12 months? *
YES NO

If Yes, tell us for which interventions you are conflicted: _____

If Yes, Please provide the details of the grants, including (1) stock received from which organization, eg. company; (2) whether there is any interest related to the article topic, eg. YES or NO. If you hold more than one stock, please state them all in separate lines. Eg. XX Company, NO.

Intellectual Interests

The questions that follow will elicit information about personal beliefs, career advancement and other interests that are not mainly financial.

Personal Beliefs *

- Do you have strongly held beliefs related to the article topic?
YES NO

If Yes, for which interventions you have strongly held beliefs: _____

If Yes, please state details: _____

Previously Published Opinions *

- Have you ever authored, coauthored, or publicly provided an opinion related to the article topic, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, public lectures or letter to the editor?
YES NO

If Yes, for what interventions you have published opinions: _____

If Yes, please state details: _____

Treatments

- Do you prescribe or otherwise recommend treatments or strategies that may be addressed by this article?
YES NO

If Yes, what interventions that we will be considering in the guideline do you prescribe or recommend for patients with COVID-19? _____

If Yes, please state details: _____

Confirmation Statement

I confirm that the information I have provided in this declaration is accurate.

Email Address: _____ *

Signature: _____ *

Print Name: _____ *

Date: _____ *