



Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

Convey

A Global Financial Interest Disclosure System

Heather H. Pierce, JD, MPH
Senior Director, Science Policy
Association of American Medical Colleges
June 9, 2016



Association of
American Medical Colleges

Print Form **Save As** **Reset Form**

Center Therapy Evaluation Program

Submission of this information is voluntary, however, in order for us to qualify you to conduct a study in accordance with the relevant, current protocol(s), you must complete all fields. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0158-0001), Washington, DC 20503.

OMB No. 0925-0613
Expiration Date: 03/31/2016
This information may be disclosed to sponsors of clinical trials, National Cancer Institute, Food and Drug Administration's Center for Drug Evaluation and Research, and the Department of Health and Human Services.

The FDA (see 21CFR) or device clinical evaluation

Please attach

ICMJE Form

Section 1.

1. Given Name (First Name)

2. Surname (Last Name)

3. Are you the corresponding author?

4. Manuscript Title

5. Manuscript Number

6. Manuscript Number

Section 2.

Did you or any aspect of your research have any financial relationships with any entity (e.g., company, institution, or individual) that could be perceived as a conflict of interest?

If yes, please provide details in the table below.

Excess rows can be added by clicking on the "Add Row" button.

Name of Institution/Company

Sunlight Stop, Inc.

CONFIDENTIAL FINANCIAL DISCLOSURE REPORT FOR SPECIAL GOVERNMENT EMPLOYEES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Food and Drug Administration

Use the list of products/firms/issues in the cover memorandum to complete this form. Interests relating to these firms must be reported even if unrelated to products/indication listed.

Please answer all questions below to the best of your knowledge. If you are not employed by a university or other research institution, please indicate that on the cover memorandum.

1. CURRENT FINANCIAL INTERESTS

To your knowledge, do you, your spouse, or your immediate family member have any current or potential financial interests (e.g., stocks, bonds, patents, royalties, honoraria, etc.) in any of the products/firms/issues listed in the cover memorandum?

2. OTHER INVOLVEMENTS (Other Kinds of Relationships)

Using the list of products/firms/issues in the cover memorandum, identify anything that would give an "appearance" of a conflict of interest, which has not been disclosed above (e.g., involvement in a law suit, researcher initiated study, gift of research materials, etc.).

3. CERTIFICATION STATEMENT

The above information is true and complete to the best of my knowledge and belief, and I understand that any false or misleading information may result in disciplinary action.

4. EMPLOYMENT (Full or Part Time)

5. CONSULTANT / ADVISOR (Current)

6. CONTRACTS / GRANTS / CRAD

7. SIGNATURE OF REVIEWING OFFICIAL

8. COMMENTS OF REVIEWING OFFICIAL

FORM FDA 3410 (1/95) (PAGE 1)

COAUTHOR DISCLOSURE FORM: ABSTRACTS THAT REPORT ON CLINICAL TRIALS

This form is provided for use in collecting disclosure information from coauthors. It may not be submitted directly to ASCO by coauthors; it should be sent to the First Author, who must enter disclosure information for all authors through the official Abstract Submitter program at www.asco.org.

In compliance with standards established by the Accredited Council for Continuing Medical Education (ACCME), ASCO strives to promote the financial interests or relationships through the disclosure of financial interests and to answer each question below to disclose any relationships with commercial entities.

1. CURRENT FINANCIAL INTERESTS (Continued)

a. PATENTS / ROYALTIES / TRADEMARKS

b. HONORARIA

c. RESEARCH FUNDING

d. EXPERT TESTIMONY

e. OTHER REMUNERATION

2. PAST FINANCIAL INTERESTS

a. To your knowledge, do any of the following persons have any past involvement with the meeting(s) listed below? Yes, your spouse, minor child, general partner, organization in which you serve as an officer, director, trustee, general partner or employee.

b. If "Yes," describe involvement.

FORM FDA 3410 (1/95) (PAGE 2)

Journal of Clinical Oncology

Each author should

COAUTHOR DISCLOSURE FORM: ABSTRACTS THAT REPORT ON CLINICAL TRIALS

3rd author: Signature: _____ Date: _____

4th author: Signature: _____ Date: _____

5th author: Signature: _____ Date: _____

6th author: Signature: _____ Date: _____

7th author: Signature: _____ Date: _____

8th author: Signature: _____ Date: _____

9th author: Signature: _____ Date: _____

10th author: Signature: _____ Date: _____

11th author: Signature: _____ Date: _____

12th author: Signature: _____ Date: _____

13th author: Signature: _____ Date: _____

14th author: Signature: _____ Date: _____

15th author: Signature: _____ Date: _____

16th author: Signature: _____ Date: _____

17th author: Signature: _____ Date: _____

18th author: Signature: _____ Date: _____

19th author: Signature: _____ Date: _____

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38th author: Signature: _____ Date: _____

39th author: Signature: _____ Date: _____

40th author: Signature: _____ Date: _____

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79th author: Signature: _____ Date: _____

80th author: Signature: _____ Date: _____

81st author: Signature: _____ Date: _____

82nd author: Signature: _____ Date: _____

83rd author: Signature: _____ Date: _____

84th author: Signature: _____ Date: _____

85th author: Signature: _____ Date: _____

86th author: Signature: _____ Date: _____

87th author: Signature: _____ Date: _____

88th author: Signature: _____ Date: _____

89th author: Signature: _____ Date: _____

90th author: Signature: _____ Date: _____

91st author: Signature: _____ Date: _____

92nd author: Signature: _____ Date: _____

93rd author: Signature: _____ Date: _____

94th author: Signature: _____ Date: _____

95th author: Signature: _____ Date: _____

96th author: Signature: _____ Date: _____

97th author: Signature: _____ Date: _____

98th author: Signature: _____ Date: _____

99th author: Signature: _____ Date: _____

100th author: Signature: _____ Date: _____

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) **Kermit the** 2. Surname (Last Name) **Frog** 3. Date **25-April-2013**

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name **Miss Piggy**

5. Manuscript Title
The effects of Sunstop on the function of sunlight on frog skin slime

6. Manuscript Identifying Number (if you know it)
KF-34567

Section 2. The Work Under Consideration for Publication

Did you or your Institution at any time receive payment or services from a third party (government, commercial, private for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sunlight Stop, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided funds and the a lotion

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

Pediatric Radiology

Conflict of Interest Disclosure Form

It is the policy of the journal *Pediatric Radiology* to ensure balance, independence, objectivity, and scientific rigor in the Journal. All authors are expected to disclose to the readers any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the article. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services may be related to the subject matter of the article or who have sponsored the study.

The intent of the policy is not to prevent authors with a potential conflict of interest from publication. It is merely intended that any potential conflict should be identified openly so that the readers may form their own judgement about the article with the full disclosure of the facts. It is for the readers to determine whether the authors' outside interest may reflect a possible bias in either the exposition of the conclusions presented.

All authors will complete and submit this form when submitting a manuscript to *Pediatric Radiology*. We prefer disclosures and signatures from all authors on one form. If this is not possible, however, separate forms will be accepted.

Article title:

Please insert a conflict of interest statement is published with each paper and must be inserted in the text document right before the reference list.

☒ I/we certify that there is no actual or potential conflict of interest in relation to this article.
(Please print names)

(1 st author):	Signature:	Date:
(2 nd author):	Signature:	Date:
(3 rd author):	Signature:	Date:
(4 th author):	Signature:	Date:
(5 th author):	Signature:	Date:



Convey: The Goal

- To provide individuals with a **web-based repository** to enter and maintain records of financial interests and allow them to **disclose directly to any organization**.
- To build a streamlined, standardized system that sets and adopts national standards but allows organizations to tailor the disclosure process to get the information they need

The Creation of Convey

- Based on 2009 IOM recommendation
- Built on consensus data standards through MedBiquitous®
- Developed by the AAMC with the input of dozens of stakeholder organizations and individuals

Pilot Partners

- New England Journal of Medicine
- American Society of Clinical Oncology
- Cleveland Clinic
- Johns Hopkins

Convey: The Concept

First Disclosure

Create an Account



**Find Subscribing Organization
(or follow link)**



**Review Organization's
Requirements**



**Enter financial interest
information to disclose**



Review, certify, submit

Second Disclosure

Login to Account



**Find Subscribing Organization
(or follow link)**



Review proposed disclosure



**Enter additional financial interest
information if needed**




Review, certify, submit

Discloser Homepage

Convey

Global Disclosure System


AAMC

[Main](#) [Send Disclosure](#) [My Financial Interests](#) [My Profile ▾](#) [History](#) [Convey Demo ▾](#)

Welcome to Convey

Convey is designed to reduce the amount of time you spend making required disclosures of financial interests. The system simplifies the process of disclosing required information by maintaining a repository for your financial interest records so you can easily disclose to any organization that uses Convey.

Disclose to an Organization



Continue a Disclosure

Universal CME Provider	✎ Continue	🗑 Delete
University of AAMC	✎ Continue	🗑 Delete

Build my Repository

[Add a Financial Interest](#) [View my Financial Interests](#)

View Recently Submitted Disclosures

University of AAMC	May 16, 2016
University of AAMC	May 13, 2016
Convey Demo Journal	May 12, 2016

[View All Disclosures >](#)

Step 1: Organization Policy and Tailored Instructions

Sending Disclosure To: University of AAMC

Policy Details

Enter Interests

Additional Questions

Review and Send

Policy & Instructions

The University of AAMC [Conflict of Interest Policy](#) was developed to ensure integrity in research and patient care that occurs at our institution. All individuals who participate in research or clinical care activities are required to submit to the University a disclosure of all financial interests that relate to that person's institutional responsibilities, as well as those financial interests of the person's spouse or dependent children. Individuals disclosing to the University of AAMC are expected to disclose all required financial interests within the last 12 months and over a threshold of \$5000. See any additional criteria and details at [our website](#).

The **Discloser Identifier** is unique to you and is used by the University of AAMC to match your disclosure to your institutional records. Please type your University of AAMC employee ID into the box for this disclosure. Contact the organization if you are unsure of your employee ID number.

The **Disclosure Purpose** is the reason that you are making the disclosure. Please type in 'General Annual' or 'Update' into the box to specify to the University of AAMC which type of disclosure you are making. Please contact the organization if you are unsure which to use.

This organization accepts ORCID iD as your Discloser ID. If you already have an ORCID iD or would like to obtain one, you can retrieve or create it by clicking the ORCID icon above the Discloser ID field. If Convey has previously saved your ORCID iD, it has been used as your Discloser ID. To learn more about ORCID, visit <http://orcid.org>.

Discloser Identifier  Create or Connect your ORCID iD


1234-5678

Disclosure Purpose

General Annual

Step 2: Entering Financial Interests

Convey
Global Disclosure System

AAMC

[Main](#) [Send Disclosure](#) [My Financial Interests](#) [History](#)

Jennifer

Sending Disclosure To: University of AAMC

Policy Details

Enter Interests

Additional Questions

Review and Send


Do you have anything to disclose?

Add a Financial Interest

\$


Nothing to Disclose

—

AAMC

Step 2: Entering Financial Interests

Convey
Global Disclosure System

AAMC

[Main](#) [Send Disclosure](#) [My Financial Interests](#) [My Profile ▾](#) [History](#) [Convey Demo ▾](#)

Sending Disclosure To: University of AAMC


Policy Details


Enter Interests

Additional Questions

Review and Send

Is this financial interest related to ...

a Company or Organization

Stock, Employment,
Ownership, Consulting,
Board Membership, Grant, etc.

Intellectual Property

Patent
Copyright, Trademark
Other Intellectual Property

Cancel

Step 2: Entering Financial Interests

Sending Disclosure To: University of AAMC

Policy Details

Enter Interests

Additional Questions

Review and Send

Search for and select an entity

1

Select a Financial Interest type

2

Add details for the selected interest

3

Select an Interest Type: Agua Pharma

Professional Services

Employment

Fiduciary Officer

Independent Contractor

Consultant

Data and Safety Monitoring

Financial Stake

Stock

Stock Option

Other Securities

Other Business Ownership

Financial Support

Gift

Travel

Grant / Contract






Royalty Revenue

Step 2: Entering Financial Interests

Requested fields are flagged

Agua Pharma: Grant

Grant / Contract

Recipient Name 	Recipient Type 
<input type="text"/>	<input type="text"/>
Grant / Contract Description	Grant/Contract Purpose
<input type="text"/>	<input type="text"/>
Grant / Contract Amount Requested	
USD (\$) <input type="text"/>	
 Contract Start Date Requested	 Contract End Date Requested
<input type="text"/> <input type="text"/> Year	<input type="text"/> <input type="text"/> Year
Interest held by *	
<input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Dependent Child <input type="radio"/> Other	
Additional Information  Included with Disclosure	

Step 2: Reviewing Financial Interests

Sending Disclosure To: University of AAMC

Policy Details

Enter Interests

Additional Questions

Review and Send

The financial interests you have stored in Convey have been placed into the list of currently included financial interests or those interests excluded from this disclosure, based on the requirements of the organization listed above. You can include or exclude any financial interest from this disclosure.

Financial Interests Included In This Disclosure

☐ I do not have any financial interests to disclose at this time. 

Reset Interests

Add New Interest 

Sort By Entity 

Entity	Type	Interest Held By		
180 Medical, Inc.	Grant / Contract	Self	View / Edit	Do Not Include
Amgen Inc.	Fiduciary Officer	Self	View / Edit	Do Not Include
Biogen Idec Inc.	Grant / Contract	Self	View / Edit	Do Not Include
Laboratorios Pfizer Ltda.	Stock	Self	View / Edit	Do Not Include

Before Continuing, Individuals are Told Which Interests are Missing Requested Fields

Interests Missing Requested Fields

The organization to which you are disclosing has identified the specific information that will be included with each financial interest. Some information requested by this organization is missing from the following financial interests which you have indicated you will be disclosing:

Type	Entity / Description
Fiduciary Officer	Pfizer Inc.
Grant / Contract	Takeda California, Inc.
Grant / Contract	180 Medical, Inc.
Patent	New antibiotic
Stock	Smith & Nephew, Inc.
Stock	Pfizer AG
Stock	Laboratorios Pfizer Lda.
Patent	Analgesic
Grant / Contract	Biogen Idec Inc.

[Review / Enter Missing Data](#)[Continue to Additional Questions](#)

Smith & Nephew, Inc.: Stock

Stock

Number of Shares

530

Percentage Ownership Requested

%

typically used for privately-held corporations

Security Value

Estimated Value i Requested

USD (\$) 9500

📅 Valuation Date Requested

November

11

2015

[Clear](#)

📅 Acquisition Date i

January

1

2012

[Clear](#)

📅 Divestment Date i Requested

Year

Interest held by (Required)

☒ Self

☐ Spouse/Partner

☐ Dependent Child

☐ Other

Step 3: Organization-Specific Additional Questions

Sending Disclosure To: University of AAMC

Policy Details

Enter Interests

Additional Questions

Review and Send

The questions on this page have been requested by the organization identified above, and your answers are specific to this disclosure. In the future, you will be able to see your answers by reviewing this submitted disclosure, which can be accessed through your History. Any information that you enter here will not change or add to the interests saved in My Financial Interests for future disclosures.

Additional Questions

1. Do you serve on the institution's Pharmacy and Therapeutics Committee?

☐ Yes ☐ No

2. Please answer the following question for each of the following entities. **Are your significant financial interests in this entity related to research you are conducting that is funded by the Public Health Service?**

A significant financial interest is considered *related* to PHS-funded research when the significant financial interest:

- could be affected by the PHS-funded research; or
- is in an entity whose financial interest could be affected by the research.

(For more guidance on this question, refer to [our policy FAQs.](#))

Amgen Inc.

☐ Yes ☐ No

AstraZeneca Pharmaceuticals LP

☐ Yes ☐ No

Step 4: Review, Certify, and Send

Sending Disclosure To: University of AAMC

Policy Details

Enter Interests

Additional Questions

Review and Send

Review Disclosure Being Sent to: University of AAMC

Edit

Please review carefully the information on this page that will be submitted to the organization identified at the top of the page. You can return to any step in this disclosure to make changes or click the Edit button next to any section on this page. The section entitled "Interests Not Included in this Disclosure" shows the financial interests that you have saved in Convey that will not be disclosed to this organization.

Once you submit your disclosure, it cannot be modified or revoked. For questions about making changes to disclosure information after submitting a disclosure through Convey, please refer to the FAQ section.

Discloser Name

David Discloser


Discloser Email

csteele@aamc.org

Financial Interest Repository: Created and updated through the process of disclosing

Convey

Global Disclosure System

AAMC

[Main](#) [Send Disclosure](#) [My Financial Interests](#) [History](#)

Convey

My Financial Interests

Below you will find all the financial interests you have entered into Convey, either directly through this screen or by submitting a disclosure through Convey. These are the interests that will be used to help you create disclosures to submit to organizations that use Convey. You can view details of any interest, edit or add information, and add new financial interests. Any changes or additions that you make here will be included in any future disclosures but will not affect any previous disclosures and will not automatically be reported to organizations to which you have already sent a disclosure.

Search/Filter

x

Add New Interest

Summary of Financial Interests

[Display all interest details](#)

Sort By

Entity

Entity	Type	Interest Held By	Value	Last Updated	
AbbVie, Inc.	Gift	Self	\$45.00	1/12/16	View / Edit Delete Interest
AstraZeneca Pharmaceuticals LP	Fiduciary Officer	Self	-	1/29/16	View / Edit Delete Interest

The Second Disclosure: Journal

Same individual, same process
New policy, new recipient

Step 1: Organization Policy and Tailored Instructions

Convey

Global Disclosure System

AAMC

Main

Send Disclosure

My Financial Interests

Personal Profile

History

Convey D

Sending Disclosure To: Convey Demo Journal

Policy Details

Enter Interests

Additional Questions

Review and Send

Policy & Instructions

The purpose of this disclosure is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information.

You should disclose the following types of information and visit this site: www.conveyjournal.org/DisclosurePolicy for more information.

- Payment or services received **at any time** by you or your institution from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)
- Financial relationships (regardless of amount of compensation) **that were present during the 36 months prior to publication** 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.
- Intellectual Property: any patents, whether planned, pending or issued, broadly relevant to the work


Step 2: Review and update Financial Interests

Using the Organization's rules and policy, Convey helps authors determine which financial interests to consider

Financial Interests Included In This Disclosure

☐ I do not have any financial interests to disclose at this time. 


Reset Interests

Add New Interest 

Sort By Entity 

Entity	Type	Interest Held By	
Amgen Inc.	Gift	Self	

Financial Interests Not Included In This Disclosure

Sort By Entity 

Entity	Type	Interest Held By		Reason 
AbbVie, Inc.	Gift	Self	View / Edit Include	Outside Required Dates
Biogen Idec Inc.	Grant / Contract	Self	View / Edit Include	Outside Required Dates
GlaxoSmithKline, LLC.	Independent Contractor	Dependent Child	View / Edit Include	Attributed Interest Not Required
Janssen Pharmaceuticals, Inc	Independent Contractor	Spouse/Partner	View / Edit Include	Attributed Interest Not Required
Medtronic USA, Inc.	Stock	Spouse/Partner	View / Edit Include	Attributed Interest Not Required

Step 3: Organization-Specific Additional Questions

Sending Disclosure To: Convey Demo Journal

Policy Details

Enter Interests

Additional Questions

Review and Send

Additional Questions

1. What is the manuscript title?

2. What is the manuscript Identifying Number (if you know it)?

3. 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?

☐ Yes ☐ No

Step 4: Review, Certify, and Send

Sending Disclosure To: Convey Demo Journal

Policy Details

Enter Interests

Additional Questions

Review and Send

Review Disclosure Being Sent to: University of AAMC

Edit

Please review carefully the information on this page that will be submitted to the organization identified at the top of the page. You can return to any step in this disclosure to make changes or click the Edit button next to any section on this page. The section entitled "Interests Not Included in this Disclosure" shows the financial interests that you have saved in Convey that will not be disclosed to this organization.

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Discloser Name	Discloser Email
David Discloser	csteele@aamc.org

Convey: Subscriber Tools


From the subscriber-side interface, organizations can:

- Revise disclosure process text, rules, certification language, and additional questions
- Upload a list of individuals to invite through Convey
- Generate an organization-specific URL
- View and download any disclosure
- Manage disclosures and run reports on information submitted

Subscriber Interface

Convey

Global Disclosure System



[Main](#) [Disclosure Requests](#) [View Disclosures](#) [Activity History](#)

Sally Smith ▾

Convey Demo Journal

Requesting Disclosures

[Generate Disclosure Link](#)

[Create Disclosure Invitation List](#)

[Manage Disclosure Invitation Lists](#)

Managing Submitted Disclosures

[View or Download Submitted Disclosures](#)


[Track Submitted Disclosures](#)

[Create Disclosure Reports](#)

Adjusting Your Organization's Settings

[Modify the Disclosure Requirements](#)

[Add or Remove Authorized Representatives](#)



Current Activity

Disclosures In Progress

6

Disclosures Submitted


21

[Create and Download Reports >](#)

Resources

Contact Convey
Convey Support Contact Form
(202) 909-2001 / conveyorgs@aamc.org
Monday - Friday 8am - 6pm ET

- Participating Organization User Guide
- FAQ Document for Organizations
- Discloser User Guide



Subscriber Actions

Requesting Disclosures

Generate Disclosure Link

Create Disclosure Invitation List

Manage Disclosure Invitation Lists

Subscriber Actions

Managing Submitted Disclosures

View or Download Submitted Disclosures

Track Submitted Disclosures

Create Disclosure Reports

Subscriber Actions

Adjusting Your Organization's Settings


Modify the Disclosure Requirements

Add or Remove Authorized Representatives

Subscriber Controls – Disclosure Process

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Global Disclosure System

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[Main](#) [Manage Policy Settings](#) [Activity History](#)

Sally Smith

Convey Demo Journal



The screen below displays the information that individuals disclosing to your organization will see in the first step of the disclosure. The first box explains the Discloser ID and Disclosure Purpose fields. The lower box contains information about your organization's policy and instructions to individual disclosers. Any of this information may be edited by contacting us at ConveyAdmin@aamc.org.

Sending Disclosure To: Convey Demo Journal

Policy Details

Enter Interests

Additional Questions

Review and Send

The **Discloser Identifier** is unique to you and used by Convey Demo Journal to match your disclosure to your institutional records. The Convey Demo Journal uses ORCID® to identify you in the journal records. If your ORCID identifier is already in your personal profile, it will be included here. If you do not yet have an ORCID number, you can sign up through the link in Convey or at www.orcid.org/register. modify text

The **Disclosure Purpose** is the reason that you are making the disclosure and has been selected by the journal based on your manuscript type. It may differ depending on the link that you were provided or followed from the Convey Journal website.

The ORCID ID is the preferred Discloser ID for your organization. Individuals who do not have an ORCID ID or who do not wish to use it may enter another Discloser ID in accordance with the instructions you provide.

Discloser Identifier

Disclosure Purpose

Modify the Policy and Instructions

Sending Disclosure To: Convey Demo Journal

Policy Details

Enter Interests

Additional Questions

Review and Send

The **Discloser Identifier** is unique to you and used by Convey Demo Journal to match your disclosure to your institutional records. The Convey Demo Journal uses ORCID® to identify you in the journal records. If your ORCID identifier is already in your personal profile, it will be included here. If you do not yet have an ORCID number, you can sign up through the link in Convey or at www.orcid.org/register.

Modify Text

The **Disclosure Purpose** is the reason that you are making the disclosure and has been selected by the journal based on your manuscript type. It may differ depending on the link that you were provided or followed from the Convey Journal website.

The ORCID iD is the preferred Discloser ID for your organization. Individuals who do not have an ORCID iD or who do not wish to use it may enter another Discloser ID in accordance with the instructions you provide.

Discloser Identifier

Disclosure Purpose

Policy & Instructions

The purpose of this disclosure is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Modify Text

You should disclose the following types of information and visit this site: www.conveyjournal.org/DisclosurePolicy for more information.

- Payment or services received **at any time** by you or your institution from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)
- Financial relationships (regardless of amount of compensation) **that were present during the 36 months prior to publication** 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.
- Intellectual Property: any patents, whether planned, pending or issued, broadly relevant to the work

Add or Edit Additional Questions

1. What is the manuscript title?

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2. What is the manuscript Identifying Number (if you know it)?

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3. 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?

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☒ Yes ☐ No

1. Please describe those relationships.

Modify

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Add Subquestion

Subscriber Controls – Requested Fields

Sending Disclosure To: Convey Demo Journal

Policy Details

Enter Interests

Additional Questions

Review and Send

Available Interest Types

[View Requested Fields](#)

Professional Service

Employment	✓
Fiduciary Officer	✓
Independent Contractor	✓

Financial Stake

Stock	✓
Stock Option	✓
Other Securities	✓
Other Business Ownership	✓

Financial Support

Grant / Contract	✓
Travel	✓
Gift	✓

Intellectual Property

Patent	✓
Trademark	✓
Copyright	✓
Other Intellectual Property	✓

Subscriber Controls – Requested Fields

Requested Fields

Financial Stake

Financial Support

Professional Service

Intellectual Property

Gift

Entity



Gift Description

Date Gift Received

Estimated Gift Value

Estimated Gift Value

Valuation Date

Interest held by

Travel

Entity



Location(s)

Travel Start Date

Travel End Date

Estimated Value

Estimated Value

Valuation Date

Grant / Contract

Entity



Recipient Name



Recipient Type



Grant / Contract Description

Grant / Contract Purpose



Grant / Contract Purpose

Other Purpose

Subscriber Controls – Rules that guide disclosers to better disclosures

Attribution Rules

Your organization requires that individuals disclose financial interests attributed to the following individuals: **SELF**
This attribution rule applies to all disclosed interest types.

Attribution

Value/Threshold Rules

Your organization requires that individuals disclose certain financial interests with a value equal to or greater than \$0 .
This Value Threshold rule applies to all interest types.

Value Threshold

Additionally, your organization has requested that if individuals have entered a value for a financial interest in Convey, this value will not be displayed in the disclosure and will not be transmitted to your organization.

Your organization has requested that individuals disclose certain financial interests regardless of the value of the interest and has not requested that the individuals disclose the value of those interests. If individuals have entered a value for a financial interest in Convey, this value will not be displayed in the disclosure and will not be transmitted to your organization.

Aggregation

Time(lookback)

Your organization requires that individuals disclose certain financial interests from the following time period:
The 36 month period from the date of disclosure.

Relevant Time Period

This rule applies to all interest types.

Next Steps

Convey is in late stage system testing

AAMC is currently engaging with the first organizations planning on using Convey as their disclosure source this year

Organizations working with AAMC now include:

- Academic institutions
- Health systems
- Journals and Peer review managers
- Government agencies
- CME Providers

How can you be involved? Contact us to:

- Have a WebEx demo for your institution
- Volunteer as a tester to provide input on the system
- Join the institutions engaged in technical conversations with AAMC about how information from Convey can integrate with their commercial or home-grown COI management systems



Convey

Global Disclosure System

Email for more information or a demonstration:

convey@aamc.org

or visit www.aamc.org/convey