ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Johan
2. Surname (Last Name): Maertens
3. Effective Date (07-August-2008): 18-January-2011

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Cordonnier Cathérine

5. Manuscript Title: Voriconazole as secondary antifungal prophylaxis in stem cell transplant recipients

6. Manuscript Identifying Number (if you 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 for Publication**

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| 1. Grant | ☑ | ☐ | ☐ | | | X ADD |
| 2. Consulting fee or honorarium | ☑ | ☐ | ☐ | | | X ADD |
| 3. Support for travel to meetings for the study or other purposes | ☑ | ☐ | ☐ | | | X ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | ☑ | ☐ | ☐ | | | X ADD |
| 5. Payment for writing or reviewing the manuscript | ☑ | ☐ | ☐ | | | X ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | ☑ | ☐ | ☐ | | | X |

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | X |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

## 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 clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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.

## 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 | ☑ | ☐ | ☐ | | | X |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | X |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | X |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | ☑ | ☐ | ☐ | | | X |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | X |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | X |

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Relevant financial activities outside the submitted work**

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 8. Patents (planned, pending or issued) | ☑ | ☐ | ☐ | | | ADD ✕ |
| 9. Royalties | ☑ | ☐ | ☐ | | | ADD ✕ |
| 10. Payment for development of educational presentations | ☑ | ☐ | ☐ | | | ADD ✕ |
| 11. Stock/stock options | ☑ | ☐ | ☐ | | | ADD ✕ |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ☑ | ☐ | ☐ | | | ADD ✕ |
| 13. Other (err on the side of full disclosure) | ☑ | ☐ | ☐ | | | ADD ✕ ADD |

* 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 relationships

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):

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' SAVE

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.