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): Thierry
2. Surname (Last Name): LEBRUNE
3. Effective Date (07-August-2008): 26 JANUARY 2012
4. Are you the corresponding author? ☐ Yes ☒ No
5. Manuscript Title: Classification and risk factors of hemorrhagical complication in a French National Cohort of 102 patients with SDS
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

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The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	☒	☐	☐			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	☒	☐	☐			× ADD
2. Consultancy	☒	☐	☐			× ADD
3. Employment	☒	☐	☐			× ADD
4. Expert testimony	☒	☐	☐			× ADD
5. Grants/grants pending	☒	☐	☐			× ADD
6. Payment for lectures including service on speakers bureaus	☒	☐	☐			× ADD
7. Payment for manuscript preparation	☒	☐	☐			×

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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	
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 ×