

## Declaration of interests form

**Instructions:** You should declare and describe any financial interest relevant to your Cochrane advisory board role falling into one or more of the below categories that you have held within the time period beginning 36 months prior to submission of this declaration.

An interest is relevant for this role if you have received payment from a commercial organization with an interest in the topic of the review(s) you advise on. This means that the organization has developed (or is known to be developing), or distributes (anywhere in the world), an intervention or potential comparator related to the topic of the review(s). This applies even if the payment was made for work or advice that did not relate to the topic of the review(s).

Further details can be found in Cochrane's policy on Conflict of Interest for Cochrane Library Content

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Name:				
1. Financial interests				
fellowship from any c Cochrane, a non-gove	organisation related to h	nealth care or a pharmaceu	ommissioned research, or medical research (for example tical or medical device company, t research?	, a
			x	
	Yes		No	
If yes, please provide	details:			
	ncies: any paid work, con so health care or medica		in cash or kind) from an	
			х	
	Yes		No	
If yes, please provide	details:			

Trusted evidence. Informed decisions.



c) Received honoraria: one-time payments (in cash or ki organisation related to health care or medical research?	
Yes	X No
If yes, please provide details:	
d) Served as a director, officer, partner, trustee, employ with an organisation related to health care or medical re	-
Yes	X No
If yes, please provide details:	
e) Possessed share-holdings, stock, stock options, equity health care or medical research (excludes mutual funds individual has no control over the selection of the share	or similar arrangements where the
Yes	X No
If yes, please provide details:	
f) Received personal gifts from an organisation related t	o health care or medical research?
Yes	No
If yes, please provide details:	

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g) Had an outstanding loan with an organisation related to health care or medical research?			
Yes No			
If yes, please provide details:			
h) Received royalty payments from an organisation related to health care or medical research?			
Yes No			
If yes, please provide details:			
2. Non-financial interests			
Do you have any other interests that would reasonably appear to be related to the primary interest? Such interests could include, but are not limited to, publicly declaring any strong opinions about this health area, unpaid membership of committees, advisory boards or patient advocacy groups in this health area, and being a named author of a study that might be included in this review.			
X No			

If yes, please provide details:

I have been associated with correspondence and expressions of opinions indicating my views that exercise, as a treatment for ME/CFS, is not curative, and holds the potential for harm.

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