

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 in the topic of the review(s) you developed (or is known to be developing), or dis	eived payment from a commercial organization with advise on. This means that the organization has stributes (anywhere in the world), an intervention or ne review(s). This applies even if the payment was a topic of the review(s).
Further details can be found in Cochrane's policy	on Conflict of Interest for Cochrane Library Content
Name:	
1. Financial interests	
a) Received research funding: any grant, cont fellowship from any organisation related to he Cochrane, a non-governmental organisation, healthcare charity or a patient advocacy ground	ealth care or medical research (for example a pharmaceutical or medical device company, a
Yes	No
If yes, please provide details:	
Rochester, (\$50k)	Medicine in conjunction with Mayo Clinic Seed Grant Program, Stanford Genome ove (\$10k)
b) Had paid consultancies: any paid work, cor organisation related to health care or medica	. ,
Yes	No
Trusted evidence.	
Informed decisions.	



If yes, please provide details:

- Stanford University School of Medicine, consultancy fees for ME/CFS-related projects, ongoing
- Moreau Research Group, consultancy fees, ongoing
- Ely Research Group, consultancy fees

 CURE Long COVID Working Group, c 	onsultancy fees, ongoing	
c) Received honoraria: one-time payments organisation related to health care or medic	(in cash or kind such as travel expenses) from an cal research?	
Yes	No	
If yes, please provide details:		
d) Served as a director, officer, partner, trus with an organisation related to health care	tee, employee or held a position of managemen or medical research?	
Yes	No	
If yes, please provide details:		
My full-time position as Scientific Director a	at #MEAction.	
e) Possessed share-holdings, stock, stock options, equity with an organisation related to health care or medical research (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?		
Yes	No	
If yes, please provide details:		
f) Received personal gifts from an organisation related to health care or medical research?		

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Informed decisions.



	Yes	No	
If yes, please provide	details:		
g) Had an outstandin	g loan with an organisation related to	o 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 inte	rests		
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.			
Trusted evidence	Yes	No	

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If yes, please provide details:

We were asked to join the IAG because of our positions in patient advocacy groups in this health area. I work with a nonprofit that advocates for people with infection-associated chronic illness and endorses evidence-based treatment of ME/CFS, including symptom-contingent pacing as an activity management strategy.

Trusted evidence.
Informed decisions.

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