

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying	nformation	
Given Name (First Name) Asit	2. Surname (Last Name) Parikh	3. Effective Date (07-August-2008) 29-January-2013
4. Are you the corresponding author	Yes No	
5. Manuscript Title 2012-2013 ECCO Annual Disclos	ure of potential conflicts of interest	
6. Manuscript Identifying Number (f you know it)	

Section 2. The Work Under Consideration for Publication

Parikh

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.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	7					
2. Consulting fee or honorarium	d					,
3. Support for travel to meetings for the study or other purposes	1					
I. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						
5. Payment for writing or reviewing the manuscript						
 Provision of writing assistance, medicines, equipment, or administrative support 						



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The Work Under Consider	ration for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	/					ADD
7. Other						×
						ADD

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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						
	_/					Al
2. Consultancy						
3. Employment		✓		Takeda	Employee of Takeda	Al
s. Employment		▼		Takeda	Employee of Takeda	Al
1. Expert testimony	1					
	1					Al
5. Grants/grants pending	力					>
						A
Payment for lectures including service on speakers bureaus	1					
	1					Al
Payment for manuscript preparation	4					>

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^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



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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