

Date: February 6, 2024

Contact information

Name	Maureen Taylor
Affiliations	Michael Garron Hospital
Biographical details	Physician Assistant, Clinical Research Coordinator

Declaration of competing interests

All questions relate to the past 3 years (inclusive):

1. Have you accepted any of the following from an organization that has (or might have) a relationship with CMAJ now or in the future and that might gain or lose financially because of the relationship?

a. Reimbursement for attending a symposium _____ Yes No

Details if yes:

b. Speaker fees _____ Yes No

Details if yes:

c. Fees for educational event _____ Yes No

Details if yes:

d. Research funds _____ Yes No

Details if yes:

e. Funds for a member of your staff _____ Yes No

Details if yes:

f. Consulting fees _____ Yes No

Details if yes:

2. Do you hold stocks or shares in an organization that might benefit or lose from an existing relationship with CMAJ? Yes No

Details if yes:

3. Do you have other competing financial interests? Yes No

Details if yes:

4. I have the following other competing interests (*details*):

Signature

A rectangular box containing a handwritten signature in blue ink. The signature appears to be "Maxine Taylor" written in a cursive style.

Date

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