

1 **PROJECT PLAN**  
2 **Guidelines for the Prevention, Diagnosis, and Treatment of Lyme Disease by the Infectious**  
3 **Diseases Society of America, the American Academy of Neurology, and the American College**  
4 **of Rheumatology**

5  
6 **Organizational Sponsorship**

- 7 *American Academy of Neurology (AAN)*
- 8 *American College of Rheumatology (ACR)*
- 9 *Infectious Diseases Society of America (IDSA)*

10  
11 **Other Organizations with Official Representation**

- 12 *American Academy of Family Physicians (AAFP)*
- 13 *American Academy of Pediatrics, Committee on Infectious Diseases (AAP-COID)*
- 14 *American Academy of Pediatrics, Section on Emergency Medicine (AAP-EM)*
- 15 *American College of Physicians (ACP)*
- 16 *Association of Medical Microbiology and Infectious Diseases – Canada (AMMI-CA)*
- 17 *Child Neurology Society (CNS)*
- 18 *Entomological Society of America (ESA)*
- 19 *European Society of Clinical Microbiology and Infectious Diseases (ESCMID)*
- 20 *Pediatric Infectious Diseases Society (PIDS)*

1 **Guideline Authors**

2

3 **Panel Leadership**

4 Linda Bockenstedt, MD, *Co-Chair, representing*  
5 *ACR*

6 Yngve Falck-Ytter, MD, *Co-Chair, representing*  
7 *GRADE*

8 Paul M. Lantos, MD, *Co-Chair, representing IDSA*  
9 *and ACP*

10 Jeffrey A. Rumbaugh, MD *Co-Chair, representing*  
11 *AAN*

12

13 **Panelists**

14 Paul G. Auwaerter, MD, *representing IDSA*

15 Kelly Baldwin, MD, *representing AAN*

16 Kiran K. Belani, MD, *representing PIDS*

17 William R. Bowie, MD, *representing AMMI-CA*

18 Maria E. Agüero-Rosenfeld, MD

19 John A. Branda, MD

20 David B. Clifford, MD *representing AAN*

21 Francis J. DiMario Jr., MD *representing AAN and*  
22 *CNS*

23 Charles Ericsson, MD *representing IDSA*

24 John J. Halperin, MD *representing AAN*

25 Peter J. Krause, MD *representing IDSA*

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27 H. Cody Meissner, MD *representing AAP-COID*

28 Lise E. Nigrovic, MD, MPH *representing AAP-EM*

29 James (Jay) J. Nocton, MD *representing ACR*

30 Amy A. Pruitt, MD *representing AAN*

31 Jane Glazer Rips, *consumer representative*

32 Lynda E. Rosenfeld, MD

33 Margot L. Savoy, MD, MPH *representing AAFP*

34 Sunil K. Sood, MD *representing IDSA*

35 Allen C. Steere, Jr., MD *representing ACR*

36 Franc Strle, MD, PhD *representing ESCMID*

37 Robert Sundel, MD *representing ACR*

38 Jean Tsao, MS, PhD *representing ESA*

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40 Lawrence S. Zemel, MD *representing ACR*

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42 **Conflict of Interest (COI) Review Group**

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50 **Organization Staff**

51 Thomas S. D. Getchius (AAN)

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55 **Medical Librarians**

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57 Michele Klein Fedyshin, BA, BSN, MSLS, RN

58 Charles B. Wessel, MLS

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60 **Other**

61 Cameron R. Wolfe, MD, *Liaison to the IDSA*

62 *Standards and Practice Guidelines Committee*

1 **Background**

2           Lyme disease is a tickborne bacterial infection caused by several genospecies of *Borrelia*  
3 *burgdorferi* sensu lato. It is the most common vector-borne infectious disease in the temperate  
4 northern hemisphere. More than 30,000 annual cases are reported to public health bodies in  
5 the United States, but this is thought to be a considerable underestimate of the true disease  
6 burden.

7           Lyme disease causes a variety of acute, subacute, and late clinical manifestations and  
8 affects several organ systems, including skin, the nervous system, the heart, and joints. Lyme  
9 disease is evaluated and diagnosed clinically, with the added support of laboratory testing  
10 when clinically indicated. Patients with Lyme disease, depending on their clinical  
11 manifestations, are evaluated by a range of clinicians, including practitioners of internal  
12 medicine, pediatrics, family practice, emergency medicine, infectious diseases, neurology,  
13 rheumatology, and cardiology.

14           The clinical complexity of Lyme disease and the breadth of involved specialties  
15 necessitate guidelines to advise clinicians on best practices and their evidence basis.

16           Several Lyme disease guidelines have been produced by different medical societies.  
17 These include 1996 and 2007 guidelines from the AAN [1, 2], 2000 and 2006 guidelines [3, 4]  
18 and a 2010 review panel report from the IDSA [5], 2004 guidelines from the ESCMID [6], 1997  
19 diagnostic testing guidelines for Lyme disease from the ACP [7] and triennial Lyme disease  
20 guidelines from the AAP included in the AAP “Red Book.” The current effort will combine the  
21 expertise of the aforementioned societies as well as several others to produce a joint, multi-  
22 society consensus guideline for the prevention, diagnosis, and treatment of Lyme disease.

23 **Notes on Panel Composition**

24 Panelists with broad and relevant expertise have been recruited to participate in the  
25 development of this guideline:

- 26 • Rheumatology: Drs. Bockenstedt, Liang, Nocton, Steere, Sundel and Zemel
- 27 • Neurology: Drs. Baldwin, Clifford, DiMario, Halperin, Pruitt and Rumbaugh
- 28 • Infectious Diseases: Drs. Auwaerter, Belani, Bowie, Ericsson, Krause, Lantos, Meissner,  
29 Sood, Strle and Wormser
- 30 • Cardiology: Dr. Rosenfeld
- 31 • Clinical Microbiology: Drs. Agüero-Rosenfeld and Branda
- 32 • Family Medicine: Dr. Savoy
- 33 • Emergency Medicine: Dr. Nigrovic
- 34 • Hospital Medicine / General Internal Medicine: Dr. Lantos
- 35 • Pediatrics: Drs. Belani, Krause, Lantos, Meissner, Sood (pediatric infectious diseases),  
36 Drs. Nocton, Sundel, Zemel (pediatric rheumatology), Dr. DiMario (pediatric neurology),  
37 and Dr. Nigrovic (pediatric emergency medicine)
- 38 • Medical Entomology: Dr. Tsao
- 39 • GRADE and Guideline Methodology: Dr. Falck-Ytter
- 40 • Consumer representative: Ms. Rips

## 41 **Objectives and Scope**

42           The objective of this project is to develop clinical practice guidelines for the prevention,  
43 diagnosis, and treatment of Lyme disease, as well as the diagnosis and treatment of other tick-  
44 borne coinfections potentially transmitted by *Ixodes* species ticks. The guideline will address  
45 adults, children, pregnant women, and immunocompromised hosts. Specifically the guideline  
46 will cover the following themes:

- 47       • Effective measures to prevent tick bites and to prevent *Borrelia burgdorferi* infection  
48       following a tick bite.
- 49       • Evidence-based recognition of Lyme disease clinical presentations
- 50       • Appropriate selection and interpretation of laboratory diagnostic tests for Lyme disease
- 51       • Appropriate choice, duration, and route of antibiotics to treat the various  
52       manifestations of Lyme disease
- 53       • Diagnostic and therapeutic approaches to patients with persistent clinical symptoms  
54       following antimicrobial therapy
- 55       • Recognition, diagnosis, and treatment of coinfecting pathogens, particularly  
56       anaplasmosis and babesiosis

57           In contrast to the 2006 IDSA guidelines, this guideline will not provide comprehensive  
58 coverage of *Anaplasma phagocytophilum* and *Babesia microti* outside the context of  
59 coinfections. Those pathogens will be treated more comprehensively in separate, forthcoming  
60 clinical guidelines.

## 61 **Methodology**

62           Grading of Recommendations Assessment, Development and Evaluation (GRADE)  
63 methodology will be used [8]. Population/Patients, Intervention/Treatment, Comparator, and  
64 Outcomes (PICO) questions have been developed by the panel and will serve to inform the  
65 literature search and guideline recommendations.

66    ***Methods of summarizing and rating the quality of evidence and strength of recommendations***

67           For each PICO, outcomes of interest will be identified and rated in terms of importance  
68 to decision making (less important, important, and critically important). This guideline will  
69 primarily focus on patient-important outcomes, but intermediate outcomes may be used if final  
70 health outcomes are unavailable. Where available we will use well-performed existing  
71 systematic reviews as the basis of evidence, as recommended by the IOM [9]. If existing  
72 systematic reviews are unavailable, not up-to-date, or the outcomes of interest are not  
73 reported, we will perform additional analyses where possible from systematic searches of the  
74 literature using standard bibliographic resources, PubMed (which includes MEDLINE),  
75 EMBASE.com, Cochrane Library, meeting abstracts, conference proceedings, and reference lists  
76 of studies. When indicated, we will search for yet unpublished studies by accessing study  
77 registries such as clinicaltrials.gov. We will initially focus on evidence from studies with lower  
78 risk of bias, such as randomized controlled trials (RCTs). However, if unavailable or  
79 methodologically unsatisfactory, or the outcomes of interest are rare, evidence from  
80 observational studies will be sought. When estimating baseline risk, rates from control arms of  
81 RCTs or well-done cohort studies will be used to inform prevalence rates, incidence or pre-test  
82 probabilities.

83           Studies will be critically appraised for risk of bias or confounding factors using the  
84           Cochrane risk of bias tool (for RCTs) or the Newcastle-Ottawa scale for observations studies (or  
85           alternate tool if found to be more appropriate). The quality of evidence across studies for each  
86           outcome will be rated using the GRADE framework as discussed in detail elsewhere [8]. In  
87           short, desirable, as well as undesirable outcomes from the body of evidence pertaining to each  
88           PICO will be rated using these 5 criteria: risk of bias, imprecision, indirectness, inconsistency,  
89           and publication bias. Criteria for rating up the quality of evidence include large or very large  
90           effect and dose-response-gradient.

91           The rating of the strength of recommendations will follow established GRADE criteria  
92           [8]: in addition to the overall quality of evidence, factors such as the balance between benefits  
93           and downsides (e.g., harms and inconvenience), patients' values and preferences, and cost-  
94           effectiveness will be considered when making recommendations.

#### 95           ***Identification of Studies/Management of Studies and Data***

96           The literature search strategy will be developed by medical librarians in consultation  
97           with panel members. Searches will be performed in PubMed (which includes MEDLINE (1946–  
98           present)), EMBASE.com (1974–present), and the Cochrane Library's (John Wiley &  
99           Sons) Cochrane Database of Systematic Reviews (CDSR), Cochrane Central Register of  
100           Controlled Trials (CENTRAL), Database of Abstracts of Reviews of Effects (DARE), Health  
101           Technology Assessment Database (HTAD), and the NHS Economic Evaluation Database  
102           (NHSEED).

103           References and abstracts will be imported into bibliographic management software  
104 (EndNote), duplicates removed, and exported to a literature evaluation database created by the  
105 AAN.

106   ***Screening, Data Extraction, and Analysis Phases***

107           Author teams will be able to utilize the AAN guideline literature reviewing database  
108 once the searches for each question are complete. Results from the literature searches will be  
109 loaded into the database, and each title/abstract will be systematically assigned to two  
110 separate reviewers. Reviewers will screen each title and abstract within the system and identify  
111 whether or not the reference is relevant to the particular clinical question. Results will be  
112 collected from the reviewers and an article order report will be compiled. Full manuscripts will  
113 then be pulled for each title/abstract deemed relevant, and each will also be reviewed by 2  
114 separate reviewers to make the final determination of which papers to include in the literature  
115 base for potential inclusion in the guideline.

116   ***Conflict of Interest Disclosure***

117           All members of the guideline panel were required to submit a conflict of interest (COI)  
118 disclosure form (appendix 1) and copies of their CVs. A six-person COI review group  
119 representative of the three sponsoring organizations was established to review COI forms and  
120 CVs for financial and intellectual COI. The six-person COI review group was free from  
121 intellectual and financial conflicts. The COI review group determined which members of the  
122 guideline panel were deemed to have COI vs. those without relevant COI. The COI review group  
123 ensured that the majority of the panel and each co-chair was without potential conflicts (noted in Table  
124 1) and the panel was approved.



125           Table 1 is a reflection of what has been reported to the IDSA, AAN, and ACR. In order to  
126 provide thorough transparency, the **full** disclosure of all relationships, regardless of relevancy  
127 to the guideline topic was required. Evaluation of such relationships as potential conflicts of  
128 interest was determined by a review process which included assessment by a six person (two  
129 people from each lead organization) conflict of interest evaluation group.

130 **Population/Patients, Intervention/Treatment, Comparator, and Outcomes (PICO)**

131 The following is a list of the clinical questions that will frame and form the foundation of  
132 Population/Patients, Intervention/Treatment, Comparator, and Outcomes (PICOs) for the guideline  
133 development process. The PICOs will guide the literature searches and, ultimately, the formal  
134 recommendations in the final guideline.

- 135 1. What are effective measures for preventing *Ixodes* tick bites (not including repellents)?
- 136 2. Which skin and clothing repellents are effective for preventing tick bites and tickborne  
137 infections?
- 138 3. Should individuals be tested for *Ixodes*-borne pathogens solely based on the history of a  
139 tick-bite?
- 140 4. Who should receive antibiotic prophylaxis to prevent Lyme disease after an *Ixodes*  
141 *scapularis* tick bite?
- 142 5. Is antimicrobial prophylaxis indicated to prevent other tickborne diseases?
- 143 6. Is antimicrobial prophylaxis indicated after *Ixodes pacificus* bites?
- 144 7. Should the species of a tick be determined after a tick bite?
- 145 8. Is antimicrobial prophylaxis indicated after tick bites when the tick species is unknown?
- 146 9. Should ticks that have been removed from patients be tested for pathogens?

- 147 10. What is the preferred initial antibiotic therapy for acute localized Lyme disease?
- 148 11. Is parenteral therapy superior to oral therapy for acute localized Lyme disease?
- 149 12. How long should early localized Lyme disease be treated?
- 150 13. What is the preferred antibiotic regimen to dually treat cellulitis and acute localized Lyme  
151 disease?
- 152 14. What agents and therapies are not recommended for Lyme disease?
- 153 15. What is the appropriate antibiotic management for acute neurological manifestations of  
154 Lyme disease, such as meningitis, cranial neuropathy, or radiculoneuropathy?
- 155 16. Under what circumstances will CSF examination alter the treatment of patients with cranial  
156 neuropathy, meningitis, or encephalomyelitis, or radiculoneuropathy due to Lyme disease?
- 157 17. Should patients with Lyme disease and papilledema be treated with techniques to reduce  
158 intracranial pressure?
- 159 18. Should patients with Lyme disease and facial nerve palsy receive corticosteroids in addition  
160 to antimicrobial therapy?
- 161 19. Should patients with Lyme disease-related parenchymal involvement of the brain or spinal  
162 cord be treated with oral or parenteral antibiotics?
- 163 20. Should patients with Lyme disease who experience encephalopathy (i.e. delirium) be  
164 treated as if they have Lyme meningitis or Lyme disease of the parenchymal central nervous  
165 system?
- 166 21. For which neurological presentations should the diagnosis of Lyme disease be considered?
- 167 22. Which patients with atrioventricular nodal block or myopericarditis due to Lyme disease  
168 require hospitalization?

- 169 23. Which patients with Lyme carditis require a pacemaker?
- 170 24. What is the preferred antibiotic choice, route, and duration for outpatients with Lyme  
171 carditis?
- 172 25. Should all patients with early Lyme disease receive an electrocardiogram to screen for Lyme  
173 carditis?
- 174 26. Should patients with Lyme carditis receive steroids?
- 175 27. Should patients with Lyme carditis be treated with aspirin?
- 176 28. What is the utility of erythrocyte sedimentation rate, C-reactive protein, and other  
177 measures of systemic inflammation to aid in the diagnosis of Lyme carditis?
- 178 29. Should patients admitted to the hospital and treated with IV antibiotics for Lyme carditis be  
179 switched to oral antibiotics at hospital discharge?
- 180 30. Should patients being evaluated for acute myocarditis or chronic cardiomyopathy of  
181 unknown cause be tested for Lyme disease?
- 182 31. What are the preferred antibiotics and route of administration for Lyme arthritis?
- 183 32. What is the optimal duration of oral antibiotics for the initial treatment of Lyme arthritis?
- 184 33. What is the optimal duration of IV antibiotic therapy for Lyme arthritis?
- 185 34. Should a second course of antibiotics be considered for a patient in whom Lyme arthritis  
186 does not resolve completely?
- 187 35. What is the preferred second course of antibiotic treatment for patients in whom Lyme  
188 arthritis has not completely resolved?
- 189 36. Are intra-articular steroids, in conjunction with antibiotics, safe and effective for the  
190 treatment of Lyme arthritis?

- 191 37. Should synovial fluid aspiration be performed for outpatients with suspected Lyme  
192 arthritis?
- 193 38. How should antibiotic-refractory Lyme arthritis be treated?
- 194 39. Should patients with the following clinical presentations be tested for Lyme disease?  
195 a. muscle weakness/myositis  
196 b. uveitis  
197 c. small joint arthritis  
198 d. fibromyalgia-like syndromes  
199 e. tendinitis/bursitis
- 200 40. Should patients with persistent symptoms following standard treatment of Lyme disease  
201 receive additional antibiotics?
- 202 41. Does the duration, route, or antibiotic used for initial treatment of Lyme disease influence  
203 the likelihood of persistent symptoms following treatment?
- 204 42. What clinical syndromes are attributable to prolonged, or chronic, infection with *B.*  
205 *burgdorferi*?
- 206 43. Are chronic, nonspecific symptoms associated with *B. burgdorferi* infection in patients who  
207 lack objective clinical signs?
- 208 44. Are prolonged symptoms following treatment for Lyme disease more common in patients  
209 who are simultaneously infected with multiple tickborne pathogens?
- 210 45. Should patients with prolonged, nonspecific symptoms be tested for tickborne pathogens  
211 (other than *Borrelia burgdorferi*)?

- 212 46. What are the preferred antibiotics, route of administration, and treatment duration for HGA  
213 (human granulocytic anaplasmosis)?
- 214 47. Is antibiotic choice or duration different for HGA / Lyme disease co-infection than for HGA  
215 alone?
- 216 48. Which diagnostic tests should be used for the diagnosis of HGA?
- 217 49. What is the preferred test for acute symptomatic babesiosis?
- 218 50. What is the preferred test to confirm parasite eradication following treatment?
- 219 51. Should symptomatic patients who are seropositive for babesiosis be treated if they have  
220 negative blood smears or PCR?
- 221 52. Should asymptomatic patients with a positive diagnostic test for babesiosis receive  
222 treatment?
- 223 53. What are the preferred treatment regimens for babesiosis?
- 224 54. Is antibiotic choice or duration different for babesiosis / Lyme disease co-infection than for  
225 babesiosis alone?
- 226 55. Is exchange transfusion indicated for severe babesiosis? If so, what criteria should be used  
227 for initial or repeat exchange transfusion, and should full or partial exchange be used?
- 228 56. Does the percent parasitemia influence therapeutic choice for babesiosis?
- 229 57. What is the appropriate treatment duration, monitoring, and follow up of  
230 immunocompromised patients with severe babesiosis?
- 231 58. Under what circumstances do patients with persistent parasitemia require re-treatment for  
232 babesiosis?
- 233 59. Should patients with Lyme disease be evaluated for *Bartonella* infection?

- 234 60. Should patients with suspected Lyme disease also be tested for spotted fever group  
235 rickettsial diseases (e.g., Rocky Mountain spotted fever)?
- 236 61. When should co-infection (*Anaplasma*, other *Erhlichia*, *Babesia*, *Borrelia miyamotoi*,  
237 Powassan virus, or other) be suspected in an individual with Lyme disease?
- 238 62. Should individuals be tested for Lyme disease if they lack plausible exposure in an endemic  
239 region?
- 240 63. What is the preferred antibiotic treatment regimen for borrelial lymphocytoma?
- 241 64. What is the preferred antibiotic treatment regimen for acrodermatitis chronicum  
242 atrophicans?
- 243 65. What is the preferred treatment regimen for STARI (the southern tick associated rash  
244 illness)?
- 245 66. Which tests can aid in the diagnosis of erythema migrans? Which is the diagnostic strategy  
246 of choice, and when should alternatives be considered?
- 247 67. Which tests can aid in the diagnosis of early neuroborreliosis with central-nervous system  
248 involvement? What is the diagnostic strategy of choice, and when should alternatives be  
249 considered?
- 250 68. Which tests can aid in the diagnosis of early neuroborreliosis without central-nervous  
251 system involvement? What is the diagnostic strategy of choice, and when should  
252 alternatives be considered?
- 253 69. Which tests can aid in the diagnosis of late neuroborreliosis? What is the diagnostic  
254 strategy of choice, and when should alternatives be considered?

- 255 70. Which tests can aid in the diagnosis of Lyme carditis? What is the diagnostic strategy of  
256 choice, and when should alternatives be considered?
- 257 71. What is the appropriate diagnostic strategy for patients with acute, nonspecific febrile  
258 illnesses in whom Lyme disease is suspected?
- 259 72. Which tests can aid in the diagnosis of Lyme arthritis? What is the diagnostic strategy of  
260 choice, and when should alternatives be considered?
- 261 73. Which tests can aid in the diagnosis of acrodermatitis chronica atrophicans? What is the  
262 diagnostic strategy of choice, and when should alternatives be considered?
- 263 74. Which tests can aid in the diagnosis of borrelial lymphocytoma? What is the diagnostic  
264 strategy of choice, and when should alternatives be considered?
- 265 75. Are non-standard or unvalidated tests for Lyme disease (including urine testing, CD57,  
266 lymphocyte transformation tests, unconventional culture techniques, and non-standardized  
267 serologic tests) acceptable for the diagnosis of Lyme disease?
- 268 76. Are there serodiagnostic testing strategies that could substitute for standard 2-tiered  
269 serologic testing?
- 270 77. Should the results of a *B. burgdorferi* ELISA be reported independently of the overall 2-tier  
271 test result?
- 272 78. Should the presence, absence, or intensity of individual bands be routinely listed in a *B.*  
273 *burgdorferi* Western blot test report?
- 274 79. If a first tier ELISA is performed and is negative, is it ever indicated to perform second tier  
275 Western immunoblots?

- 276 80. Under what circumstances is a positive serologic test for Lyme disease insufficient to justify  
277 treatment for Lyme disease? (In other words, what is the positive predictive value of a Lyme  
278 test) Should asymptomatic patients be treated solely based on a positive test for Lyme  
279 disease?
- 280 81. Under what circumstances should a patient be treated for Lyme disease despite a negative  
281 serologic test? (In other words, what is the negative predictive value of a Lyme test)



**Table 1. Disclosures of Relationships**

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
<b>Aguero-Rosenfeld</b>	New York University School of Medicine	NR	NR	NR	NR	Legal testimony/consultation - Lyme	NR	NR		NR	NR
<b>Auwaerter</b>	Johns Hopkins University School of Medicine	NR	<ul style="list-style-type: none"> <li>• Unrelated - FDA</li> <li>• Unrelated – Genentech</li> <li>• Unrelated –Cerexa</li> <li>• Unrelated – Medscape, Content Provider/ID Advisory;</li> <li>• Unrelated -Johns Hopkins POC-IT ABX Guide – editor/content</li> </ul>		Unrelated -JNJ	On rare occasions (3 in last ten years), related to expert opinion regarding lyme disease		<ul style="list-style-type: none"> <li>• Cerexa – NXL-102;</li> <li>• Fisher Center for Environmental ID – Lyme Studies</li> </ul>		<ul style="list-style-type: none"> <li>• Medscape – Advisory Board;</li> <li>• FDA – Advisory Board</li> </ul>	Spouse – Venture Capital (Biologics, Cardiology, nothing ID-related)
<b>Baldwin</b>	Geisinger Medical Center	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>Belani</b>	Children’s Hospitals and Clinics of Minnesota	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>• NIH RO1(PI at Duke University) - PFN RO1Multicenter study to understand the epidemiology diagnosis and treatment of Pediatric Invasive fungal infections;</li> <li>• Internal Research Grant Program at Children’s Hospitals and Clinics of Minnesota-Procalcitonin for early detection of septic arthritis (Coinvestigator)</li> </ul>		NR	NR
<b>Bockenstedt</b>	Yale University,	NR	NR	NR	NR	NR	NR	NIH/NIAID: <ul style="list-style-type: none"> <li>• R01AI085798: Real-Time Imaging of Vector-Borne Lyme Borreliosis Pathogenesis &amp; Persistence</li> <li>• N01AI50031: Innate Immune Pathways in Elderly &amp; Immunosuppressed Populations</li> <li>• R33AI100191-03: A New Cytokine-Based Immunoassay for the Diagnosis of Lyme Borreliosis</li> <li>• R44AI096598-01: Diagnostic Assays for Early Lyme Borreliosis Using In-Vivo Expressed Antigens</li> <li>• 1R43 AI096628-01: A Lyme</li> </ul>	NR	NR	NR

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
								Disease Vaccine Using Newly Identified In Vivo Expressed Antigens • R21 AI109486-01A1: Development of Novel Therapeutics for <i>Babesia Microti</i> Infection • R44 AI085725-01: A Serologic Assay to Measure Successful Lyme Borreliosis Antibiotic Therapy NIH/NIAMS: • P30AR046032: The Enteseal Response to <i>Borrelia burgdorferi</i> in Murine Lyme Borreliosis			
<b>Branda</b>	Massachusetts General Hospital	<ul style="list-style-type: none"> <li>Partners Healthcare, I am a co-inventor on an application for a patent to protect intellectual property. The application is entitled "Compositions and Methods for the Detection of Bacterial Infections Associated with Lyme Disease." Our group is seeking patent protection for an idea for a point-of-care testing device that could be used in the diagnosis of Lyme disease and other tick-borne infections. The patent application was filed on our behalf by Partners Healthcare, which is the parent</li> </ul>	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>Alere, Inc.-Massachusetts General Hospital (MGH); Diagnosis and Pathogenesis of Early Lyme Disease</li> <li>bioMerieux, Inc - MGH; Differentiation among <i>S. mitis</i> group streptococci using the bioMerieux Vitek MS in vitro diagnostics platform</li> <li>DiaSorin, Inc. - MGH; Evaluation of the LIAISON <i>Borrelia Burgdorferi</i> Assay in the Serodiagnosis of Lyme Disease</li> <li>Immunetics, Inc - MGH; Preliminary Evaluation of a Rapid Antibody Assay for Lyme Disease</li> <li>Immunetics, Inc - MGH; Diagnosis of acute babesiosis using a serologic assay.</li> <li>TBS Technologies - MGH; Bactericidal properties of chlorine dioxide.</li> </ul>	NR	Journal of Clinical Microbiology - Editorial Board	NR

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
		<p>company of Massachusetts General Hospital, my employer. A patent has not yet been issued and no money has been paid either directly to me or to my institution in relation to this patent application.</p> <ul style="list-style-type: none"> <li>• Unrelated – AdvanDx, Provided consultation about current assays and development of future assays.</li> </ul>									
<b>Bowie</b>	University of British Columbia	NR	NR	NR	NR	<i>On behalf of AMMI – Canada - Canadian Senate Subcommittee reviewing Bill C-442, An Act respecting a National Lyme Disease Strategy</i>	NR	<ul style="list-style-type: none"> <li>• Canadian Institute of Health Research - Active Surveillance of Adverse Events Following Immunization Among Healthcare Workers Immunized with the Influenza Vaccine</li> <li>• GSK-Sentinel surveillance for influenza requiring hospital admission in Canadian adults</li> <li>• Pfizer Canada-Sentinel surveillance for pneumococcal disease among hospitalized Canadian adults</li> <li>• CIHR – Ecosystem approach to antibiotic stewardship - <i>Closed</i></li> </ul>	NR	NR	NR
<b>Clifford</b>	Washington University in St. Louis	NR	<ul style="list-style-type: none"> <li>• Unrelated - Biogen – DSMB</li> <li>• Unrelated - Takeda/Millennium-Adjudication Committee, FDA</li> <li>• Unrelated - Amgen-Adjudication Committee, FDA</li> <li>• Unrelated - Amgen – adjudication panel</li> <li>• Unrelated - Pfizer –</li> </ul>	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>• NIH-NIAIA-AIDS Clinical Trials Unit</li> <li>• NIH-NIMH, NINDS Charter Study;</li> <li>• NIH-NINDS-NeuroNEXT Clinical Trial Network</li> <li>• NIH-NIA-Dominantly INherited Alzheimer Study;</li> <li>• Alzheimer’s Association-Dominantly inherited Alzheimer Study;</li> <li>• NIH-NINR-R01 for HIV in</li> </ul>	NR	NR	Spouse – J&J Stock

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
			DSMB <ul style="list-style-type: none"> <li>• Unrelated - Genentech – Adjudication member</li> <li>• Unrelated - Genzyme – DSMB</li> <li>• Unrelated – GSK, PML Adjudication Committee</li> <li>• Unrelated – Merck, DSMB member</li> <li>• Unrelated – Inhibikas, Consultant</li> <li>• Unrelated- BMS, PML Adjudication committee</li> </ul>					adolescents , elders and frailty			
<b>DiMario</b>	CT Children's Medical Center, Hartford , CT	NR	NR	NR	NR	NR	NR	Novartis - A three-arm, randomized, double-blind, placebo-controlled study of the efficacy and safety of two trough-ranges of everolimus as adjunctive therapy in patients with tuberous sclerosis complex (TSC) who have refractory partial-onset seizures.	NR	NR	NR
<b>Ericsson</b>	University of Texas Medical School at Houston	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>Falck-Ytter</b>	VA Medical Center, Cleveland; University Hospitals of Cleveland	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>• Cleveland Research and Education Foundation: Telaprevir vs. Boceprevir - a pragmatic RCT</li> </ul>	NR	NR	NR
<b>Halperin</b>	Atlantic Health System	NR	NR	NR	Unrelated - Abbott Labs Unrelated - Abbvie Unrelated - Merck Unrelated - J&J	Legal-Lyme	NR	<ul style="list-style-type: none"> <li>• CDC-Atlantic Health-Serum Samples of MS pts from Lyme Endemic areas</li> </ul>	NR	Neurology (journal)- Editorial Board Member	NR
<b>Krause</b>	Yale School of Public Health	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>• Gordon and Llura Gund Foundation: Human Tick-borne Diseases Research</li> <li>• NIH - Immunetics, Inc. grants (Andrew Levin, PI) - (NHLBI) Title: Screening and Confirmatory Test for Human Babesia - <b>Closed</b></li> <li>• NIH Immunetics, Inc. grants- (NHLBI) Title: Babesia Antigen Detection Assay for Blood</li> </ul>	NR	NR	NR

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
								Screening - <b>Closed</b> • NIH/NIAID R43AI096598: Diagnostic Assays for Early Lyme Borreliosis Using In-Vivo Expressed Antigens • NIH/NIAID R33-AI100191: A New Cytokine-Based Immunoassay for the Diagnosis of Lyme Disease • NIH/NIAID R43AI085725: A serologic assay to measure successful Lyme borreliosis antibiotic therapy • NIH/NIAID R21 AI09486-01A1: Development of novel therapeutics for <i>Babesia microti</i> infection			
<b>Lantos</b>	Duke University Health System Duke University School of Medicine	NR	NR	NR	NR	NR	NR	Mentored Clinician-Scientist Career Development Award: NIH / NCATS award number KL2TR001115	NR	NR	NR
<b>Liang</b>	Brigham and Women's Hospital Boston VA	NR	NR	NR	Unrelated - Sequenom Unrelated - J&J	NR	NR	<ul style="list-style-type: none"> <li>Arthritis Foundation-Brigham and Women's Hospital;</li> <li>NIH-NIH-Brigham and Women's Hospital</li> <li>Veterans Affairs-Boston VA Healthcare</li> </ul>	NR	<ul style="list-style-type: none"> <li>FDA Advisory Panel;</li> <li>Research Grant Council of Hong Kong-Reviewer</li> <li>Lupus Clinical Trials Consortium-Board member</li> </ul>	Spouse – Stock J&J
<b>Meissner</b>	Tufts Medical Center-Tufts School of Medicine	NR	NR	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>AAP – COID Consultant;</li> <li>CDC Workgroups;</li> <li>NIH DSMB's</li> </ul>	NR
<b>Nigrovic</b>	Boston Children's Hospital Division of Emergency Medicine	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>NICHD: Fluid therapy and cerebral injury in pediatric diabetic ketoacidosis U01HD06417-01 [Kuppermann/Glaser] Site PI Goal: To study fluid therapy and risk of cerebral injury for children in diabetic ketoacidosis</li> <li>PPQI Foundation Cost effective management of minor blunt head trauma</li> <li>Novel diagnostics for Lyme disease Boston Children's Hospital Pilot Research Grant</li> </ul>	NR	Decision editor- Annals of Emergency Medicine	NR

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
								<ul style="list-style-type: none"> <li>Harvard Catalyst Novel Serologic diagnostics for Lyme disease</li> </ul>			
Nocton	Medical College of Wisconsin	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>Abbvie Laboratories A Long-term multicenter longitudinal post-marketing observational registry of Humira (adalimumab) in children with active juvenile idiopathic arthritis (STRIVE REGISTRY);</li> <li>Bristol-Meyers-Squibb- An Observational Registry of Abatacept in Patients with Juvenile Idiopathic Arthritis</li> <li>NIH Gene Expression in Pediatric Arthritis;</li> <li>NIH and Arthritis Foundation Childhood Arthritis and Rheumatology Research Alliance Registry</li> <li>Arthritis Foundation, Learning Networks, ACR, AHRQ, and Centered for Education and Research on Therapeutics - Pediatric Rheumatology Care and Outcome Improvement Network</li> <li>NIH - Macrophage Activation Syndrome in Systemic Juvenile Idiopathic Arthritis</li> </ul>	NR	NR	NR
Pruitt	University of Penn	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rips	Consumer Rep, Omaha, NE	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rosenfeld	Yale University School of Medicine	NR	NR	NR	<ul style="list-style-type: none"> <li>Abbott</li> <li>Unrelated - GE</li> </ul>	NR	<ul style="list-style-type: none"> <li>Unrelated - Boston Scientific, Fellowship Support</li> <li>Unrelated - Medtronic Fellowship Support</li> </ul>	<ul style="list-style-type: none"> <li>Boehringer Ingelheim Pharmaceuticals, Inc – GLORIA-AF</li> </ul>	NR	<ul style="list-style-type: none"> <li>Heart Rhythm Society - Member, Patients and Caregivers Subcommittee, Education Committee;</li> <li>Connecticut American College of Cardiology- Council Member</li> </ul>	NR

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
							<ul style="list-style-type: none"> <li>rt</li> <li>• Unrelated - St. Jude Fellowship Support</li> </ul>				
<b>Rumbaugh</b>	Self Employed	NR	NR	NR	NR	NR	NR	Center for AIDS Research: Neuropathogenesis of Cryptococcal Meningitis Biogen Idec: Stratify-2, DECIDE Hoffman-La Roche LTD: OPERA Sun Pharma: Baclofen ER Capsules (GRS) in Subjects With Spasticity Due to Multiple Sclerosis Genzyme: CARE MS	NR	NR	NR
<b>Savoy</b>	Christiana Care Health System	NR	<ul style="list-style-type: none"> <li>• Unrelated - Highmark Health Equity Physician Advisory Council: provide advice regarding Highmark's current activities around health equity (e.g., upcoming outreach efforts or events)</li> <li>• AAFP: Adolescent Immunization Project Advisor</li> </ul>	NR	NR	NR	AAFP: Honoraria for attending Commission meeting and teaching at annual assembly	NR	NR	<ul style="list-style-type: none"> <li>• Delaware Academy of Family Physicians, Editor of DelFamDoc journal;</li> <li>• AAFP: Commission member.</li> </ul>	NR
<b>Sood</b>	North Shore LIJ Health System	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>• NIH - DMID/Collaborative Antiviral Study Group/Herpes simplex prenatal diagnosis, CMX001 in neonatal herpes, Oral valganciclovir in CMV, Ganciclovir in premature infants</li> </ul>	NR	NR	NR
<b>Steere</b>	Mass General Hospital Harvard Medical School	NR	<ul style="list-style-type: none"> <li>• Unrelated – Baxter Bioscience</li> <li>• Unrelated – Institute of Systems Biology</li> <li>• Immunetics</li> </ul>	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>• NIH/NIAID: Autoimmunity to ECGF in Lyme;</li> <li>• ACR: Identification of HLA-DR – presented peptides in synovial tissue;</li> <li>• Mathers foundation – Identification of autoantigenic epileps</li> <li>• English Ronter Mitchell Foundation: Studies of Lyme disease</li> </ul>	NR	NR	NR

Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
<b>Strle</b>	University Medical Center Ljubljana, Slovenia	NR	NR	NR	NR	NR	NR	<ul style="list-style-type: none"> <li>Dunsworth –Fitzgerald Foundation: Studies of rheumatoid arthritis</li> <li>Slovenian Research Agency (ARRS): UMC Ljubljana/Diseases and causative agents of tick-borne infections (P3-0296);</li> <li>Slovenian Research Agency (ARRS): UMC Ljubljana/Duration of antimicrobial treatment of erythema migrans (J3-3636);</li> <li>Slovenian Research Agency (ARRS): Medical Faculty Ljubljana/Classical and modern approaches to etiology determination of gastroenteritis (J3-4252);</li> <li>Slovenian Research Agency (ARRS): UMC Ljubljana/Proteomic and aptamer-based approaches for study of host-pathogen interaction in staphylococcal and clostridial infections (J3-5500)</li> </ul>	NR	NR	NR
<b>Sundel</b>	Boston Children's Hospital	NR	NR	NR	NR	Unrelated - Conway, Homer & Chin-Caplan, P.C. – Vaccine Injury	Unrelated - UpToDate – Content Editor	NIAMS-RFA-AR-12-006 - Empowering Physicians with Evidence-Based Decision Support for Pediatric Rheumatologic Diagnoses	NR	NR	NR
<b>Tsao</b>	Michigan State University	NR	NR	NR	NR	NR	Michigan Lyme Disease Association Contribution to research program	<ul style="list-style-type: none"> <li>National Science Foundation: Michigan State University/Dept of Fisheries &amp; Wildlife/Collaborative Research: Testing Alternative Hypotheses for Gradients in Lyme disease in the Eastern U.S.: Climate, Host</li> <li>National Science Foundation: Michigan State University/Dept of Fisheries &amp; Wildlife/Hybridization and heritability of host-seeking behavior of nymphal Ixodes scapularis ticks, the vector of Lyme disease</li> </ul>	NR	Ticks and Tickborne Diseases: Associate Editor	NR
<b>Wormser</b>	New York Medical	NR	• Baxter – DSMB,	NR	Unrelated - Abbott	• Legal firms–	NR	CDC:	NR	• Am Lyme Disease	NR



Author	Primary employer	Intellectual Property	Advisory/ Consult	Speakers	Stocks	Expert Testimony	Other	Research Grants/Contracts	Organizational Benefit	Activities W/Other Orgs	Family
	College		Advised on clinical trials; • Legal firms– Lyme			Lyme; • Missouri Board of Registration for the Healing Arts-Lyme		<ul style="list-style-type: none"> <li>• Subjective Symptoms after Treatment of Lyme Disease</li> <li>• Gene Expression Biomarkers for Diagnosis of Lyme Disease</li> <li>• Contracts to provide sera on various types of lyme cases</li> </ul> NIH: <ul style="list-style-type: none"> <li>• The Health Burden of a Recently Discovered Borrelia Spirochete</li> <li>• Metabolic Biomarkers and biosignatures for improved diagnosis of Lyme disease.</li> <li>• Screening and confirmatory test for human babesia</li> </ul> Immunetics, Inc: <ul style="list-style-type: none"> <li>• Various studies on the O6 Lyme test on diagnostics for babesiosis;</li> </ul> BioMerieux <ul style="list-style-type: none"> <li>• Diagnostic test for Lyme disease</li> </ul> BioRad <ul style="list-style-type: none"> <li>• Diagnostic test for Lyme disease (more than 2 yrs ago)</li> </ul> DiaSorin, Inc <ul style="list-style-type: none"> <li>• Diagnostic test for Lyme disease (more than 2 yrs ago)</li> </ul> Rarecyte Inc., <ul style="list-style-type: none"> <li>• Diagnostic test for Lyme disease</li> </ul> Institute for Systems Biology <ul style="list-style-type: none"> <li>• Biomarkers for outcome in Lyme disease</li> </ul>		Foundation– Board; <ul style="list-style-type: none"> <li>• CID – Ed Board</li> <li>• VBZD – Ed Board</li> <li>• Ticks &amp; Tick Borne Dis – Ed Board</li> </ul>	
Zemel	Connecticut Children’s Medical Center	NR	Unrelated – Novartis Promotional Speakers Bureau	NR	NR	NR	NR	NR	NR	NR	NR

Abbreviations: NR-None reported

**Appendix 1**

Infectious Diseases Society of America  
Disclosure of Interests Form for Clinical Practice Guideline Panel Members

**Instructions:** Please carefully read, complete, sign, date and submit this form. *Please note that this form and the data herein can be saved to your computer for future use/updating.*

All guideline panel chairs and members should act in the best interest of IDSA, AANI and ACRh, its membership, and the public. Decisions should not be influenced by personal financial interests or by other extraneous considerations. Each guideline panel member has a high duty and obligation to disclose any potential conflict of interest and to abstain from any decision where a conflict of interest exists. A potential conflict of interest exists if a guideline panel member has a financial or other beneficial interest that might bias his or her decisions or actions concerning matters before the Panel. **In the interest of full disclosure, any relationship with a pharmaceutical, biotechnology, medical device, or health related company or venture should be disclosed.**

Acknowledgement of this policy and disclosure filing will be done by each panel member prior to the initiation of the guideline development process and annually thereafter until publication of the guideline. In between this filing, it is the responsibility of each individual to disclose in writing any new potential conflicts of interest. Copies of all filings will be kept at the IDSA headquarters office and will be listed in summary format in the Acknowledgements section of the published work (per *Clinical Infectious Diseases* policy). **Please consider your activities and financial relationships/investments that are *current, future and for the preceding two years* when responding. Attach additional pages if necessary.**

1. NAME	2. DATE	3. IDSA ACTIVITY BEING CONSIDERED FOR (e.g., guideline panel on X)
_____	_____	_____

4. PRIMARY EMPLOYMENT (and other salaried positions): If self-employed, but formally paid through a corporation or other entity, indicate "self-employed" under Employer.	
Employer	Position
_____	_____
_____	_____
_____	_____
_____	_____

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**If you have NO relationships, investments, activities, etc., to report please go directly to the last page.**

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Appendix 1

FOR INTERESTS ≤ 10,000

5. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≤ \$10,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>

Appendix 1

5. FINANCIAL RELATIONSHIPS/INCOME (For Interests < \$10,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution

Appendix 1

5. FINANCIAL RELATIONSHIPS/INCOME (For Interests < \$10,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
	<input type="checkbox"/> No	willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b> <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>

Appendix 1

FOR INTERESTS \$10,001 - \$25,000

6. FINANCIAL RELATIONSHIPS/INCOME (For Interests \$10,001 - \$25,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>

Appendix 1

6. FINANCIAL RELATIONSHIPS/INCOME (For Interests \$10,001 - \$25,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>

Appendix 1

6. FINANCIAL RELATIONSHIPS/INCOME (For Interests \$10,001 - \$25,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
	<input type="checkbox"/> No	willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Honoraria (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Expert Testimony (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Ownership Interests (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Honoraria (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Expert Testimony (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Ownership Interests (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
<input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>			



Appendix 1

FOR INTERESTS ≥ 25,001

7. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≥ \$25,001)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>  <input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>

Appendix 1

7. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≥ \$25,001)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____  <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____  <input type="checkbox"/> Stocks/Bonds  <input type="checkbox"/> Honoraria (describe): _____  <input type="checkbox"/> Expert Testimony (describe): _____  <input type="checkbox"/> Ownership Interests (describe): _____  <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____  <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution  <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution

Appendix 1

7. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≥ \$25,001)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
	<input type="checkbox"/> No	willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Honoraria (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Expert Testimony (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Ownership Interests (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
_____	<input type="checkbox"/> Yes (provide drug/device name): _____  <input type="checkbox"/> No	<input type="checkbox"/> <b>Current</b> – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No  <input type="checkbox"/> <b>Past</b> - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - <b>What was the nature of your Advisory/Consultant Role (select):</b> Click to Select Describe: _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Promotional (non-CME) Speakers Bureau - <b>What was the nature of your Promotional (non-CME) Speakers Bureau Role:</b> Describe: _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Honoraria (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Expert Testimony (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Ownership Interests (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
			<input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>
<input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to <b>me</b> <input type="checkbox"/> Paid to my <b>institution</b>			

**8. RESEARCH GRANTS/CONTRACTS** - If you are currently listed or have in the past 24 months been listed as PI or other investigator (including clinical studies) please indicate the following:

Funding Agency	Institution/Group/Title of Study	Paid to you/Your Institution?
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution

**9. ORGANIZATIONAL BENEFIT** - Are there any monies obtained or assigned by a university, department, institution, foundation, private enterprise group, or any other entity as a result of your activities (e.g., unrestricted educational grants)?

Sponsor	Institution	Activity	Value
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001

**10. ACTIVITIES WITH OTHER ORGANIZATIONS:** Do you currently serve in any official capacity, including any decision-making capacity or national or state leadership, with any other professional societies, voluntary health organizations, editorial boards, federal or state agencies, internet companies, or other entities that currently engage in activities that could be considered competitive to IDSA's interests or activities in areas such as education, advocacy, fundraising, etc.?

Organization	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**11. FAMILY OR OTHER RELATIONS** - In accordance with IDSA's disclosure policies, relevant financial or other relationships of members of your immediate family should also be disclosed. This includes but is not limited to spouse/domestic partner, parents, siblings, and children. To the best of your knowledge, please list any significant relationships or activities where members of your family may be involved as they relate to Society activities.

Relation (Spouse, child, etc.)	Activity	Value
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001

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I HAVE **NO** INTERESTS TO DISCLOSE

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I certify that I have read IDSA's Conflict-of-Interest Policy and have disclosed ALL declarable relationships as defined therein, if any.

\_\_\_\_\_  
*E-Signature*

\_\_\_\_\_  
*Date*

**Deliberate failure to comply with this disclosure requirement may result in a disqualification from this and future participation in IDSA-sponsored activities.**

1   **REFERENCES**

2   1.       Halperin JJ, Shapiro ED, Logigian E, et al. Practice parameter: treatment of nervous system Lyme  
3   disease (an evidence-based review): report of the Quality Standards Subcommittee of the American  
4   Academy of Neurology. *Neurology* **2007**; 69:91-102.

5   2.       Halperin JJ, Logigian EL, Finkel MF, Pearl RA. Practice parameters for the diagnosis of patients  
6   with nervous system Lyme borreliosis (Lyme disease). Quality Standards Subcommittee of the American  
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