

ICMJE DISCLOSURE FORM

Date: 3/30/2022

Your Name: Jeffrey L Carson, MD

Manuscript Title: Annals On Call – Podcast

Manuscript Number (if known): A21-0012

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)										
Time frame: Since the initial planning of the work												
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.				
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 4/27/2021

Your Name: Soko Setoguchi

Manuscript Title: Annals On Call – Podcast

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input type="checkbox"/> None	
		Pfizer Japan	postmarket studies for cancer and RAdrugs
		Merck	Cancer clinical research
		BMS	Postmarket safety registry for mavacamten
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJJE DISCLOSURE FORM

Date: _____ December 15, 2021 _____

Your Name: Robert M. Centor, M.D. _____

Manuscript Title: _ Annals on Call Podcast

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Dynamed	No payments this year – have reviewed 2 chapters
5		<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input type="checkbox"/> Employment at VA Hospital	

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