

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shelley

2. Surname (Last Name)
White

3. Date
25-April-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Ana Maria Lopez

5. Manuscript Title
Comment on Ee

6. Manuscript Identifying Number (if you know it)
L16-0199

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Shelley White has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Angela

2. Surname (Last Name)
Presson

3. Date
25-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ana Maria Lopez

5. Manuscript Title
Revisiting the interpretation (letter)

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Presson has nothing to disclose.

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1. Given Name (First Name)
Ana Maria

2. Surname (Last Name)
Lopez

3. Date
25-April-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
"Comment on Ee"

6. Manuscript Identifying Number (if you know it)
L16-1099

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ACP Board of Regents, Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	none
ACP Ethics, Professionalism, and Human Rights Committee, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	none
National Hispanic Medical Association Board, Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	none

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Dr. Lopez reports other from ACP Board of Regents, Member, other from ACP Ethics, Professionalism, and Human Rights Committee, Chair, other from National Hispanic Medical Association Board, Member, outside the submitted work; .

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1. Given Name (First Name)

ANNIE

2. Surname (Last Name)

BUDHATHOKI

3. Date

28-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ana Maria Lopez, MD, MPH, FACP

5. Manuscript Title

Acupuncture for Menopausal Hot Flashes: A Randomized Trial

6. Manuscript Identifying Number (if you know it)

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