

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Medical Research Council of Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Degeling reports grants from National Medical Research Council of Australia , during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexandra

2. Surname (Last Name) Barratt

3. Date 12-September-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name Stacy Carter

5. Manuscript Title Comment on Davies

6. Manuscript Identifying Number (if you know it) _____

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Health and Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National competitive research funding

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Barratt reports grants from National Health and Medical Research Council of Australia during the conduct of the study .

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Section 1. Identifying Information

1. Given Name (First Name)
STACY

2. Surname (Last Name)
CARTER

3. Date
11-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Defining overdiagnosis: individuals, populations and harm

6. Manuscript Identifying Number (if you know it)
L18-0515

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL GRANT NUMBER 1104136	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMPETITIVE NATIONAL PUBLIC RESEARCH FUNDING. NHMRC CENTRE FOR RESEARCH EXCELLENCE 1104136

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Section 1. Identifying Information

1. Given Name (First Name)
Jenny

2. Surname (Last Name)
Doust

3. Date
19-September-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Comment on Davies

6. Manuscript Identifying Number (if you know it)
L18-0515

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHMRC Centre for Research Excellence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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