

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Edith

2. Surname (Last Name)  
Harris

3. Date  
16-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Comment: Considerations for Substance Use Screening in the Care of the Transgender Patient

6. Manuscript Identifying Number (if you know it)  
doi: 10.7326/AITC201907020

### Section 2. The Work Under Consideration for Publication

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Dr. Harris has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Pennington	3. Date 13-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ellen Herbst
5. Manuscript Title Comment: Considerations for Substance Use Screening in the Care of the Transgender Patient		
6. Manuscript Identifying Number (if you know it) M19-0182		

### 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.)?

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### Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Batki	3. Date 13-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ellen Herbst, M.D.
5. Manuscript Title Comment on Safer M19-0182		
6. Manuscript Identifying Number (if you know it) L19-0534		

### Section 2. The Work Under Consideration for Publication

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Dr. Batki has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ellen

2. Surname (Last Name)  
Herbst

3. Date  
15-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Comment on Safer M19-0182

6. Manuscript Identifying Number (if you know it)  
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**Conflict of Interest:** *The views expressed in this comment do not represent the views of the Department of Veterans Affairs or the United States Government.*

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