

#### 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 four parts.



#### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.



#### 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.



#### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.



## Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Section 1. Identifying Infor	mation	
1. Given Name (First Name)	2. Surname (Last Name) CURRY	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Ovarian Cancer: USPSTF	Recommendation Stateme	ent
6. Manuscript Identifying Number (if you N/A	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication							
Type	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**		
1. Grant	V						
2. Consulting fee or honorarium							
3. Support for travel to meetings for the study or other purposes							
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	0						
5. Payment for writing or reviewing the manuscript						×	
6. Provision of writing assistance, medicines, equipment, or administrative support							



The Work Under Conside	ration for Publicat	tion	And the second second second second	
Туре	No P	oney Money to aid Your You Institution*	Name of Entity Comments*	
7. Other				
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## Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	9				E		
2. Consultancy	d						
3. Employment	V						
4. Expert testimony	V						
5. Grants/grants pending	1						
6. Payment for lectures including service on speakers bureaus	V						
7. Payment for manuscript preparation							

<sup>\*\*</sup> Use this section to provide any needed explanation.

Relevant financial activities out:  Type of Relationship (in alphabetical order)	illo	Money Paid to	Money to Your Institution	Entity	Comments
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8. Patents (planned, pending or issued)					
9. Royalties					
10. Payment for development of educational presentations	V				
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11. Stock/stock options					
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	d				
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Section 4: Oth

#### Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

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Susan Cerry

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Section 1. Identifying Infor	mation		1 35 4 2 7 7 6 7 6
1. Given Name (First Name)  Oanda	2. Surname (Last Name)  Nichol So		Effective Date (07-August-2008) 5-July-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer	
5. Manuscript Title Screening for Ovarian Cancer: USPSTF	Recommendation Statemen	t	
6. Manuscript Identifying Number (if you N/A	know it)		

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The Work Under Consideration for Publication							
Type	No	Money Pard to four	Money to Your Institution	Name of Entity	Comments**		
1. Grant	X						
2. Consulting fee or honorarium							
3. Support for travel to meetings for the study or other purposes	<b>A</b>						
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	Ą						
5. Payment for writing or reviewing the manuscript	$\bowtie$						
Provision of writing assistance, medicines, equipment, or administrative support	Ø						



The Work Under Consideration for Publication								
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**			
7. Other	X							
* This means money that your institution	received	for your off	forts on this stud	v				

#### Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	P							
2. Consultancy	M							
3. Employment	X							
4. Expert testimony	X							
5. Grants/grants pending	<del>\</del>							
6. Payment for lectures including service on speakers bureaus								
7. Payment for manuscript preparation	<del>\</del>							

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your Institution*	Entity	Comments			
8. Patents (planned, pending or issued)	D D							
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* This means money that your institution	received	for your effo	orts.					

## Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Ride All Table Rows Checked 'No'

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



Section 1 Identifying Infor	mation	
1. Given Name (First Name)	2. Surname (Last Name) BIBLUS-DOMINGO	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes No Corresponding Author's Virginia Moyer	Name
5. Manuscript Title Screening for Ovarian Cancer: USPSTF	Recommendation Statement	
6. Manuscript Identifying Number (if you I N/A	know it)	
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Complete each row by checking "No" or providing the requested information. If you have more than one relationship of the checking

The Work Under Consideration for Publication							
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1. Grant	$\boxtimes$			1- 100		X ADO	
2. Consulting fee or honorarium	X					X ADO	
3. Support for travel to meetings for the study or other purposes	X					X	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	K					×	
5. Payment for writing or reviewing the manuscript	×						
Provision of writing assistance, medicines, equipment, or administrative support	X					×	



The Work Under Consideration for Publication								
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**			
7. Other	X							

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information.

\*Add button to add a row. Every rows can be removed by clicking the YC button

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	×				ADD				
2. Consultancy	×								
3. Employment	×								
4. Expert testimony	M								
5. Grants/grants pending	A								
6. Payment for lectures including service on speakers bureaus	K								
7. Payment for manuscript preparation	×								

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.

8. Patents (planned, pending or issued)  9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  Money to Your Institution  Money to Your Institution  No Paid to Your Institution  Instit	Entity Comments
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## Section 4 Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked '960'

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Section 1. Identifying Infor	mation	
<ol> <li>Given Name (First Name)</li> <li>LIMA</li> <li>Are you the corresponding author?</li> </ol>	2. Surname (Last Name)  BAUMANN  Yes No	3. Effective Date (07-August-2008) 16-July-2012
<ul><li>5. Manuscript Title</li><li>Screening for Ovarian Cancer: USPSTF</li><li>6. Manuscript Identifying Number (if you N/A</li></ul>		

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration for Publication									
Туре	No	Maney Feid to You	Money to Your Institution	Name of Entity	Comments				
1. Grant	V								
2. Consulting fee or honorarium	V								
3. Support for travel to meetings for the study or other purposes	V								
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					X ADD			
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6. Provision of writing assistance, medicines, equipment, or administrative support	$\checkmark$					X			



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
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#### Section 3.

## Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your Institution*	Entity	Comments			
1. Board membership	N							
2. Consultancy	<b>Y</b>							
3. Employment	V							
4. Expert testimony	V							
5. Grants/grants pending	<b>V</b>							
Payment for lectures including service on speakers bureaus	V							
7. Payment for manuscript preparation	V							

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Relevant financial activities outside the submitted work									
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## Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

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Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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<sup>\*</sup> This means money that your institution received for your efforts.

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 1.	Identifying Information									
1. Given Name (Fi	rst Name)	2. Surname (Last Name)	ĵ	3. Effective Date (07-August-2008) 16-July-2012						
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Virginia Moyer	ame						
5. Manuscript Title Screening for Ov		Recommendation Stateme	nt							
6. Manuscript Ide N/A	ntifying Number (if you k	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" trutton to add a row. Excess rows can be removed by clicking the "X1 button."

The Work Under Consideration for Publication								
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2. Consulting fee or honorarium	Z					×		
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3. Support for travel to meetings for the study or other purposes	0							
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5. Payment for writing or reviewing the manuscript	Ø,					×		
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<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>						I X		



The Work Under Consideration for Publication								
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#### Section 3.

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership					×				
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5. Grants/grants pending					AD X				
6. Payment for lectures including service on speakers bureaus	Ø								
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<ol><li>Payment for manuscript preparation</li></ol>					×				

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**								
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* This means money that your institution	received	for your eff	orts.					

## Section 4. Other relationships Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 1. Identifying Infor	mation	
1. Given Name (First Name)  Michael	2. Surname (Last Name)	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Ovarian Cancer: USPSTF	Recommendation Stateme	ent :
6. Manuscript Identifying Number (if you N/A	know it)	

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The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**			
1. Grant								
2. Consulting fee or honorarium	7							
Support for travel to meetings for the study or other purposes	7							
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	7					X		
5. Payment for writing or reviewing the manuscript	₫					X		
Provision of writing assistance, medicines, equipment, or administrative support						×		



The Work Under Consideration for Publication								
	Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**		
7. Other		D.					ADD X:	

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership					X		
2. Consultancy	7				X X		
3. Employment							
4. Expert testimony	Ø						
5. Grants/grants pending							
Payment for lectures including service on speakers bureaus					X		
7. Payment for manuscript preparation					ADD X		

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
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<ol><li>Patents (planned, pending or issued)</li></ol>							
						ADD	
9. Royalties							
10. Payment for development of educational presentations							
						ADD	
11. Stock/stock options	7						
	-					ADD	
12. Travel/accommodations/ meeting expenses unrelated to							
activities listed**						ADD	
13. Other (err on the side of full							
disclosure)	7						
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* This means money that your institution  ** For example, if you report a consultance				raval related to that consul	tancy on this line		

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Section 1. Identifying Info	rmation		
1. Given Name (First Name)	2. Surname (Last Name)	Melnika	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Virginia Moyer	Name
5. Manuscript Title Screening for Ovarian Cancer: USPST	F Recommendation Stateme	ent	
6. Manuscript Identifying Number (if you N/A	ı know it)		

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	4					X ADD	
2. Consulting fee or honorarium	V					X ADD	
3. Support for travel to meetings for the study or other purposes						ADD X	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	5					×	
5. Payment for writing or reviewing the manuscript	Q.					ADD.	
Provision of writing assistance, medicines, equipment, or administrative support	Q.					X	



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**		
7. Other	4						

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments		
1. Board membership					TX.		
2. Consultancy					ADD X		
3. Employment	W						
4. Expert testimony					ADD X		
5. Grants/grants pending							
6. Payment for lectures including service on speakers bureaus							
7. Payment for manuscript							
preparation							

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments	
8. Patents (planned, pending or issued)						AD X AD
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2. Travel/accommodations/ meeting expenses unrelated to activities listed**						
3. Other (err on the side of full disclosure)						AD X
This means money that your institution * For example, if you report a consultance				vel related to that consu	ultancy on this line.	Hotel

# Other relationships Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



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#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



Section 1. Identifying	Information	
1. Given Name (First Name)  Albert	2. Surname (Last Name)	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding auth	or? Yes V No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Ovarian Cancer: U	SPSTF Recommendation Statem	ent
6. Manuscript Identifying Number N/A	(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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship thick the "Add" button to add a row. Excess rows can be removed by dicking the "X" button.

The Work Under Consideration (	or Pub	lication				
Type 1	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**	
1. Grant						
2. Consulting fee or honorarium						ADD
						ADD
3. Support for travel to meetings for the study or other purposes	5					
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						×
point committees, and the me						ADD
5. Payment for writing or reviewing the manuscript						×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support						



The Work Under Consideration for Publication								
	Туре	No.	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
			/					
7. Other		4						

#### Section 3. 6

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	9				×		
2. Consultancy							
3. Employment	Image: Control of the con						
4. Expert testimony	1				ADD X		
5. Grants/grants pending					A00		
6. Payment for lectures including service on speakers bureaus	1						
7. Payment for manuscript preparation	4				ADD.		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
8. Patents (planned, pending or issued)					ADD X			
9. Royalties								
10. Payment for development of educational presentations					×			
11. Stock/stock options					ADD X ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**					× X			
13. Other (err on the side of full disclosure)					ADD X			
* This means money that your institution					ADD			

#### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

por 7/17/12



Section 1. Identifying Info	mation	
<ol> <li>Given Name (First Name)</li> <li>Mark</li> <li>Are you the corresponding author?</li> </ol>	2. Surname (Last Name)  Sell  Yes No	3. Effective Date (07-August-2008) 16-July-2012  Corresponding Author's Name  Virginia Moyer
<ul><li>5. Manuscript Title</li><li>Screening for Ovarian Cancer: USPSTI</li><li>6. Manuscript Identifying Number (if you N/A</li></ul>		nt

## Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication								
Type	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**			
1. Grant	Z					×		
2. Consulting fee or honorarium						ADD ×		
Support for travel to meetings for the study or other purposes						ADD ×		
						ADD		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						×		
						ADD		
5. Payment for writing or reviewing the manuscript	Image: second control of the control of							
	1					ADD		
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	6					×		



The Work Under Consideration for Publication									
ту	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
7. Other									
7. Other									

#### Section 3.

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than the remarks of the second of th

Relevant financial activities out	Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	Z							
2. Consultancy								
3. Employment	7							
4. Expert testimony								
5. Grants/grants pending	7							
6. Payment for lectures including service on speakers bureaus	Ø							
7. Payment for manuscript preparation	A					ADD.		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments			
8. Patents (planned, pending or issued)	Į.					ADD X		
9. Royalties	Z					X XOO		
Payment for development of educational presentations	Z							
11. Stock/stock options	Z							
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>P</b>							
13. Other (err on the side of full disclosure)	9					ADD X		
						Whis		

#### Other I

#### Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

SAVE

<sup>\*</sup> This means money that your institution received for your efforts.

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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**Evaluation and Feedback** 

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



Section 1. Identifying Info	rmation	TO THE REAL PROPERTY OF THE PARTY OF
1. Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?		Corresponding Author's Name Virginia Moyer
5. Manuscript Title		
Screening for Ovarian Cancer: USPST	F Recommendation Statement	
6. Manuscript Identifying Number (if you N/A	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Acid" button to and a row. Excess rows can be removed by clicking the "X" button

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	B				X ADD				
2. Consulting fee or honorarium					X ADD				
3. Support for travel to meetings for the study or other purposes	5				ADD ADD				
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like					×				
5. Payment for writing or reviewing the manuscript	6				X				
Provision of writing assistance, medicines, equipment, or administrative support					×				



The Work (	<b>Jnder Consideratio</b>	on for Pub	lication	خلالي			
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	And Section
7. Other		D/-					

#### Section 3.

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship all the Add button to add a new Excess rows can be removed by clicking the "X" button

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	4					
2. Consultancy	A					
3. Employment						
4. Expert testimony	A					
5. Grants/grants pending						
Payment for lectures including service on speakers bureaus	P					
7. Payment for manuscript preparation	<b>D</b>					

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.

Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments	
8. Patents (planned, pending or						ADD
issued)						X ADD X ABD X ADD X
						ADD
9. Royalties	LØ					
10. Payment for development of						ABD
educational presentations						
						ADD
11. Stock/stock options	M					
13 Travel/accommodations/						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						
						ADD
13. Other (err on the side of full disclosure)						X ADD
						ADD
* This means money that your institution ** For example, if you report a consultance				el related to that consulta	ancy on this line.	

#### Section 4 Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'



1 Given Name (First Name)	2. Surname (Last Name)	3 5	Effective Date (07-August-2008)
1. Given Name (First Name)	Regi		July-2012
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer	
5. Manuscript Title			
Screening for Ovarian Cancer: USPST	F Recommendation Stater	nent	
Manuscript Identifying Number (if you	know it)		
N/A	1000117		

# Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration (	for Publ	ication	51.00			2 - X4
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	Z					×
2. Consulting fee or honorarium						ADD X ADD
Support for travel to meetings for the study or other purposes						×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	6					×
5. Payment for writing or reviewing the manuscript						ADD X
Provision of writing assistance, medicines, equipment, or administrative support						×



The Work Under Consideration for Publication							
Туре	Money Money to  No Paid Your Name of En  to You Institution*	tity Comments**					
		ADD					
7. Other		×					
		ADD					

#### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities out	side the	submit	ted work			280
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						×
2. Consultancy	1					ADD
z. Consultancy						ADD
3. Employment		D/		Physician Hospital	VIITGINIE	×
	/			Hosp.tal	Certin	ADD
4. Expert testimony	B					×
5. Grants/grants pending	0					ADD
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>						×
	,					ADD
<ol><li>Payment for manuscript preparation</li></ol>	Z					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



yalties	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
yyment for development of lucational presentations	atents (planned, pending or					
lyment for development of lucational presentations	sued)					
ducational presentations  ock/stock options  avel/accommodations/ eeting expenses unrelated to citivities listed**  ther (err on the side of full sclosure)  means money that your institution received for your efforts. example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	pyalties	d				
ducational presentations  ock/stock options  avel/accommodations/ eeting expenses unrelated to citivities listed**  ther (err on the side of full sclosure)  means money that your institution received for your efforts. example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	avment for development of					
avel/accommodations/ eeting expenses unrelated to	ducational presentations					
eeting expenses unrelated to citivities listed**  ther (err on the side of full sclosure)  means money that your institution received for your efforts. example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	ock/stock options					
eeting expenses unrelated to citivities listed**  ther (err on the side of full sclosure)  means money that your institution received for your efforts. example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	ravel/accommodations/					
means money that your institution received for your efforts. example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	eeting expenses unrelated to					
means money that your institution received for your efforts. example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.		1				
example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.		Z				
example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	means money that your institution	received	for your ef	forts.		
ion 4. Other relationships	xample, if you report a consultant	cy above t	there is no	need to report tra	vel related to that consu	Itancy on this line.
Other relationships	: 4					
	Other relations	hips				
	lo other relationships/conditions					

Hide All Table Rows Checked 'No'



Section 1. Identifying Infor	mation	
Given Name (First Name)  Douglas	2. Surname (Last Name) Owens	3. Effective Date (07-August-2008 16-July-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Ovarian Cancer: USPSTF	Recommendation Statem	ent
6. Manuscript Identifying Number (if you N/A	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					>
						AD
2. Consulting fee or honorarium	<b>√</b>					>
						AD
3. Support for travel to meetings for the study or other purposes		<b>/</b>		USPSTF meetings		>
the study of other purposes						AE
1. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					>
						AD
5. Payment for writing or reviewing the manuscript	<b>/</b>					>
						AD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					>



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities out	side th	e submitt	ted work	1.4 E-3 9	A LANGTY	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					×
2. Consultancy	<b>✓</b>					ADD X ADD
3. Employment	<b>V</b>					×
4. Expert testimony	<b>V</b>					ADD X
5. Grants/grants pending	<b>√</b>					X
6. Payment for lectures including service on speakers bureaus	<b>✓</b>					×
7. Payment for manuscript preparation	<b>✓</b>					ADD

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						A
<ol> <li>Patents (planned, pending or issued)</li> </ol>	<b>✓</b>					8
						A
. Royalties	1					
						A
<ol> <li>Payment for development of educational presentations</li> </ol>	1					- 18
						A
1. Stock/stock options	1					
						A
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>/</b>					
						A
. Other (err on the side of full disclosure)	<b>✓</b>					1000
						A
This means money that your institution						
* For example, if you report a consultanc	y above	tnere is no i	need to report trave	related to that consul	tancy on this line.	

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

Section 1. Identifying Inform	nation		
1. Given Name (First Name) David	2. Surname (Last Name) Grossman		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Nar Virginia Moyer	me
5. Manuscript Title			
Screening for Ovarian Cancer: USPSTF F	Recommendation Stateme	ent	

## Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					
2. Consulting fee or honorarium	<b>✓</b>					A
3. Support for travel to meetings for the study or other purposes	$\checkmark$					A
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					
5. Payment for writing or reviewing the manuscript	<b>/</b>					A
5. Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					

Grossman



The Work Under Conside	ration for Pub	lication			100 ( P. ) ( P. ) ( P. )	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities out	side th	e submitt	ed work		YT ALL DAY	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					×
						ADD
2. Consultancy	1					×
						ADD
3. Employment	1					×
						ADD
4. Expert testimony	1					×
						ADD
5. Grants/grants pending	1					×
						ADD
6. Payment for lectures including service on speakers bureaus	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>V</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submit	ted work	THE WAY		70.0
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	1					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
10. Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	1					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance				avel related to that consu	ltancy on this line.	
Section 4. Other relations	nips	77 (8)	10.39			N 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or th	nat give the appearance	of
✓ No other relationships/conditions  Yes, the following relationships/c					est	

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

On occasion, journals may ask authors to disclose further information about reported relationships.



Section 1. Identifying Infor	mation		10 Table 1 Table 1
Given Name (First Name)  Adelita	2. Surname (Last Name) Cantu		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan Virginia Moyer	ne
5. Manuscript Title Screening for Ovarian Cancer: USPSTF	Recommendation Statem	nent	
6. Manuscript Identifying Number (if you N/A	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

	SCHOOL STREET	Money to	Money	furbicione.	
Comments**	Name of Entity	Your Institution*	Paid to You	No	Туре
				<b>V</b>	1. Grant
A					
				<b>V</b>	2. Consulting fee or honorarium
A					
				<b>✓</b>	3. Support for travel to meetings for the study or other purposes
A					
				<b>✓</b>	4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like
A					
				$\checkmark$	5. Payment for writing or reviewing the manuscript
A					
				<b>✓</b>	Provision of writing assistance, medicines, equipment, or administrative support
					Provision of writing assistance, medicines, equipment, or



The Work Under Consi	deration for Pub	lication				- 10
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

- (-) 11 11 11 11		Money	Money to			
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					
						Al
2. Consultancy	<b>✓</b>					
						Al
3. Employment	✓					
						Al
1. Expert testimony	1					
						Al
6. Grants/grants pending	1					:
						A
5. Payment for lectures including service on speakers bureaus	<b>✓</b>					
						A
7. Payment for manuscript preparation						

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>V</b>					×
						ADD
9. Royalties	1					×
						ADD
Payment for development of educational presentations	<b>V</b>					×
						ADD
1. Stock/stock options	1					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
3. Other (err on the side of full disclosure)	<b>V</b>					×
This means money that your institution * For example, if you report a consultan				ravel related to that consi	ultancy on this line.	ADD
Section 4. Other relations	nips	1 3 A				ALL THE
Are there other relationships or active octentially influencing, what you wro				to have influenced, or t	that give the appearance	of
✓ No other relationships/condition	s/circum	stances th	at present a p	otential conflict of inte	rest	
A True . C. C	-,		- 12 or lo			

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

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On occasion, journals may ask authors to disclose further information about reported relationships.



1. Given Name (First Name) Glenn	2. Surname (Last Name) Flores		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes No	Corresponding Author's Nar Virginia Moyer	me
5. Manuscript Title Screening for Ovarian Cancer: USPSTF	Recommendation Stater	nent	

# Section 2. The Work Under Consideration for Publication

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

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	No. of London
Grant	V					10
						A
. Consulting fee or honorarium	V					100
						A
Support for travel to meetings for the study or other purposes	V					- 8
						A
Rees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					The state of the s
						A
Payment for writing or reviewing the manuscript	V					
						A
i. Provision of writing assistance, medicines, equipment, or administrative support						STATE OF
pres						



The Work Under Consi	deration for Pub	lication	ATT NOT		ALL THE SERVICE	N SOLVEY
Туре	No	Money Paid to You		Name of Entity	Comments**	
						ADD
7. Other	V					×
						ADD

#### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership	V					
. Consultancy	V					
. Employment	V					
Expert testimony	~					
. Grants/grants pending	V					I
Payment for lectures including service on speakers bureaus	V				,	
. Payment for manuscript preparation	V					

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
						ADD			
Patents (planned, pending or issued)						×			
						ADD			
9. Royalties	~					×			
						ADD			
Payment for development of educational presentations	V					×			
						ADD			
11. Stock/stock options	V					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						×			
						ADD			
13. Other (err on the side of full disclosure)	V					×			
						ADD			

# Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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