

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.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Amir

2. Surname (Last Name)

Qaseem

3. Date

15-October-2013

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Screening, Monitoring, and Management of Chronic Kidney Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M12-3186

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Donna

2. Surname (Last Name)

Sweet

3. Date

28-October-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Amir Qaseem, MD

5. Manuscript Title

REF: "Screening, Monitoring, and Management of Chronic Kidney Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

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Dr. Sweet has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Shekelle	3. Date 16-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amir Qaseem
5. Manuscript Title Screening, Monitoring, and Management of Chronic Kidney Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M13-1830		

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ECRI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Guidelines Clearinghouse
Veterans Affairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment
AHRQ, VA, CMS, ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants/grants pending
UpToDate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name) Melissa	2. Surname (Last Name) Starkey	3. Date 15-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amir Qaseem
5. Manuscript Title Screening, Monitoring, and Treatment of Stage 1 to 3 Chronic Kidney Disease: A Clinical Practice Guideline From the American College of Physicians		
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5. Manuscript Title Screening, Monitoring, and Management of Chronic Kidney Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians		
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