

#### **Instructions**

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

Olson 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Carin	2. Surname (Last Name) Olson	3. Date 21-May-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jennifer Lin
5. Manuscript Title The Ankle Brachial Index for Periphera Asymptomatic Adults: A Systematic Ev		and Cardiovascular Disease Prediction among Preventive Services Task Force
6. Manuscript Identifying Number (if you k M13-0658	now it)	
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as desc	ribed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount te one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Prope	rty Patents & Copyric	ıhts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Olson 2



Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Olson has no	thing to disclose.			

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Whitlock 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Evelyn	2. Surname (Last Name) Whitlock		3. Date 21-May-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jennifer S. Lin	
5. Manuscript Title The Ankle Brachial Index for Peripheral Asymptomatic Adults: A Systematic Ev 6. Manuscript Identifying Number (if you k M13-0658	dence Review for the U.S.		
Section 2. The Work Under C	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da est?  Yes  No ormation below. If you hav	ata monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation, atity press the "ADD" button to add a row.
Name of Institution/Company	Grant'	n-Financial Support?	? Comments
Kaiser Foundation Research Institute	<b>V</b>		Contract work through AHRQ to support the USPSTF
Section 3. Relevant financial	activities outside the	submitted work.	
• • •	ibed in the instructions. Us port relationships that we	se one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to th	e work? Yes 🗸 No

Whitlock 2



Section 5. Relationships not sovered above
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Section 6. Disclosure Statement
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Dr. Whitlock reports grants from Kaiser Foundation Research Institute, during the conduct of the study.

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Lin 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fire	st Name)	2. Surname (Last Name) Lin	3. Date 20-May-2013
4. Are you the corr	esponding author?	✓ Yes No	
Asymptomatic Ad	al Index for Peripheral <i>i</i>	Artery Disease Screening and Cardiovascular Disease dence Review for the U.S. Preventive Services Task Fo ow it)	_
Section 2.			
Did you or your inst any aspect of the su statistical analysis, e	titution <b>at any time</b> recei ubmitted work (including	ve payment or services from a third party (government, co but not limited to grants, data monitoring board, study de st? Yes No	
Section 3.	Relevant financial	activities outside the submitted work.	
of compensation) clicking the "Add	) with entities as descri	n the table to indicate whether you have financial reled in the instructions. Use one line for each entity; a port relationships that were <b>present during the 36 n</b> st?	add as many lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copyrights	
		ned, pending or issued, broadly relevant to the work	? ☐ Yes 🕡 No

Lin 2



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Dr. Lin has nothing to disclose.

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1

administrative support, etc.



Section 1. Identifying	g Information	
1. Given Name (First Name) Eric	2. Surname (Last Name) Johnson	3. Date 20-May-2013
4. Are you the corresponding aut	hor? Yes V No	Corresponding Author's Name Jennifer S Lin, MD, MCR
	eripheral Artery Disease Screening matic Evidence Review for the US F	and Cardiovascular Disease Prediction among reventive Services Task Force
6. Manuscript Identifying Numbe M13-0658	r (if you know it)	
Section 2. The Work l	<b>Jnder Consideration for Publi</b>	cation
	(including but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant fi	nancial activities outside the	submitted work.
Place a check in the appropriation of compensation of compensation.	te boxes in the table to indicate wh as described in the instructions. U hould report relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4		
Section 4. Intellectua	l Property Patents & Copyri	ghts
Do you have any patents, whe	ther planned, pending or issued, b	roadly relevant to the work? Yes V No

Johnson 2



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