

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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2. The work under consideration for publication.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ewout

2. Surname (Last Name)

Steyerberg

3. Date

02-November-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Leening

5. Manuscript Title

How to report and interpret net reclassification improvement?

6. Manuscript Identifying Number (if you know it)

M13-1522

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

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. Steyerberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Pencina	3. Date 05-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Leening
5. Manuscript Title How to report and interpret net reclassification improvement? A review and clinician's guide		
6. Manuscript Identifying Number (if you know it) M13-1522		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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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Section 6. Disclosure Statement

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Dr. Pencina 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) Moniek	2. Surname (Last Name) Vedder	3. Date 02-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maarten J.G. Leening
5. Manuscript Title "Net reclassification improvement: computation, interpretation, and controversies."		
6. Manuscript Identifying Number (if you know it) M13-1522		

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Section 1. Identifying Information

1. Given Name (First Name)

Jacqueline

2. Surname (Last Name)

Witteman

3. Date

05-November-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

M. Leening

5. Manuscript Title

How to report and interpret net reclassification improvement? A review and clinician's guide

6. Manuscript Identifying Number (if you know it)

M13-1522

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Dr. Witteman has nothing to disclose.

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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.

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Section 1. Identifying Information

1. Given Name (First Name) Maarten J.G. 2. Surname (Last Name) Leening 3. Effective Date (07-August-2008) 17-October-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Net reclassification improvement: computation, interpretation, and controversies. A literature review and clinician's guide.

6. Manuscript Identifying Number (if you 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 "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**
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* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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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	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	

* This means money that your institution received for your efforts.

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

Section 4. Other relationships

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