Section 1.	Identifying Info	mation		
Given Name (First Name)  Virginia		2. Surname (Last Name) Moyer	3. Effective Date (07-August-2008	
4. Are you the co	rresponding author?	✓ Yes No		
5. Manuscript Tit Primary Care In		Tobacco Use in Children and Adolescents		
	entifying Number (if you			

#### 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	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	9					×			
						ADD			
2. Consulting fee or honorarium	0					×			
						ADD			
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>				AHRQ		×			
the study of other purposes						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	0					×			
						ADD			
5. Payment for writing or reviewing the manuscript						×			
		,	-14			ADD			
Provision of writing assistance, medicines, equipment, or administrative support	0					×			

The Work Under (	Consideration for Pul	olication	3 17		W. Trans. Taggi	<b>医</b>
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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership						×		
2. Consultancy						AD X		
3. Employment						×		
4. Expert testimony						> AE		
5. Grants/grants pending						>		
Payment for lectures including service on speakers bureaus						AE AE		
7. Payment for manuscript preparation	6					>		

<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				
<ol> <li>Patents (planned, pending or issued)</li> </ol>						×				
						ADD				
9. Royalties						×				
		3				ADD				
10. Payment for development of educational presentations						×				
		-				ADD				
11. Stock/stock options						×				
		*	204			ADD				
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	d				" "	×				
		/				ADD				
13. Other (err on the side of full disclosure)	1					×				
						ADD				
	SECTION SECTION									

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

# 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'

CAME

Various 7/18/13

<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 In	formation	THE STATE OF THE SAME AND ADDRESS.
Given Name (First Name)      Are you the corresponding author?	2. Surname (Last Name)  No	3. Effective Date (07-August-2008)
5. Manuscript Title Primary Care Interventions to Prev	vent Tobacco Use in Children and Adolescents	
6. Manuscript Identifying Number (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...)?

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	9					×				
2. Consulting fee or honorarium	P					ADD X ADD				
3. Support for travel to meetings for the study or other purposes	W					X				
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	Ø					X				
Provision of writing assistance, medicines, equipment, or administrative support	U					×				

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other	w/					×				
						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 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	ď				ADD ×				
3. Employment	Ø				ADD X				
4. Expert testimony	9				ADD X				
5. Grants/grants pending					ADD X				
6. Payment for lectures including service on speakers bureaus	U				ADD X				
7. Payment for manuscript preparation	V				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				
Patents (planned, pending or issued)						ADD X			
9. Royalties	9					ADD X ADD			
10. Payment for development of educational presentations	g					×			
11. Stock/stock options	9					ADD X ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	9					×			
13. Other (err on the side of full disclosure)	U					X ADD			
* This means money that your institution ** For example, if you report a consultance				evel related to that consult	tancy on this line.				
Section 4. Other relationsh  Are there other relationships or activi	BACKER	roadors	ould porcoive t	a have influenced or th	at give the appearance of				
potentially influencing, what you wro	ote in the	e submitte	d work?						
Yes, the following relationships/c			The second secon		st				
	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 Ta	ble Row	s Checke	d 'No'	SAVE					

Section 1. Identifying Infor	mation	
Given Name (First Name)      Are you the corresponding author?	2. Surname (Last Name) BIODIVS DOM INGO Yes No	3. Effective Date (07-August-2008)
<ul><li>5. Manuscript Title</li><li>Primary Care Interventions to Prevent</li><li>6. Manuscript Identifying Number (if you</li></ul>	Tobacco Use in Children and Adolescents 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										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	×					×				
2. Consulting fee or honorarium	Ø					X ADD				
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	X					×				
5. Payment for writing or reviewing the manuscript						ADD X				
Provision of writing assistance, medicines, equipment, or administrative support	P			ŧ.		×				

The Work Un	der Consider	ation for Pub	lication			AND TOKE	
	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 outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
1. Board membership	N N				×					
2. Consultancy					AD ×					
3. Employment	D				AD X					
4. Expert testimony	Ø			*	×					
5. Grants/grants pending				American L	×					
6. Payment for lectures including service on speakers bureaus				NIH	AD ×					
7. Payment for manuscript preparation	Ø				AD ×					

<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
3. Patents (planned, pending or issued)					
Royalties	P				4
Payment for development of educational presentations			Ø	one time Epide for Genen	emuolog Cours tech Roche
. Stock/stock options					
. Travel/accommodations/ meeting expenses unrelated to activities listed**	Þ				
3. Other (err on the side of full disclosure)	凶				A
This means money that your institution For example, if you report a consultant				t travel related to that consult	
Section 4. Other relations	hips			MITTER COMPANY	MALE IN ME
re there other relationships or activ otentially influencing, what you wro				e to have influenced, or the	at give the appearance of
No other relationships/condition	s/circum	stances th	at present a	potential conflict of intere	st
Yes, the following relationships/c	condition	s/circums	tances are p	resent (explain below):	
t the time of manuscrint acceptance	e, journa	ls will ask	authors to co	onfirm and, if necessary, up	odate their disclosure stateme

Whobius-Dong

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Section 1. Identifying Inf	ormation	RECEIVE A DESCRIPTION
Given Name (First Name)      Mo-K      Are you the corresponding author?	2. Surname (Last Name)	3. Effective Date (07-August-2008)
5. Manuscript Title Primary Care Interventions to Prev	ent Tobacco Use in Children and Adolescent	ts
6. Manuscript Identifying Number (if y	ou 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								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	D					×		
2. Consulting fee or honorarium	P					X ADD		
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						X		
5. Payment for writing or reviewing the manuscript						×		
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×		

The Work Under Consideration for Publication										
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
			700000				ADD			
7. Other							×			
							ADD			

#### Section 3. Relevant finance

#### 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	Money to Your Institution*	Entity	Comments
Board membership		You	Institution*		
Consultancy	d				
Employment					
Expert testimony					
Grants/grants pending					
Payment for lectures including service on speakers bureaus					
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.



Relevant financial activities out	side the	submit	ted 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						ADD X ADD
10. Payment for development of educational presentations						×
11. Stock/stock options	d					X ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø					×
13. Other (err on the side of full disclosure)						X ADD
* This means money that your institution ** For example, if you report a consultance				vel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				have influenced, or th	at give the appearance of	
No other relationships/conditions  Yes, the following relationships/conditions					st	
At the time of manuscript acceptance On occasion, journals may ask author						ements
Hide All Ta	ble Row	s Checke	d 'No'	SAVE		



Section 1. Identifying Ir	formation	
1. Given Name (First Name) GLENN	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author	? WOUND NO	
5. Manuscript Title		

#### 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	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant						×	
2. Consulting fee or honorarium						ADD X ADD	
3. Support for travel to meetings for the study or other purposes	9					×	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	9					ADD ×	
5. Payment for writing or reviewing the manuscript	6					ADD X	
Provision of writing assistance, medicines, equipment, or administrative support	9					ADD ×	



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
		1	/				ADD		
7. Other		9					×		
							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	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	D				×				
2. Consultancy	9				ADD X				
3. Employment	4				×				
4. Expert testimony	9				ADD X				
5. Grants/grants pending					ADD ×				
6. Payment for lectures including service on speakers bureaus	9				ADD ×				
7. Payment for manuscript preparation					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 outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	9					ADD
9. Royalties						ADD X
Payment for development of educational presentations						ADD X
11. Stock/stock options	4					ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**				*		ADD ×
13. Other (err on the side of full disclosure)		6				ADD X
* This means money that your institution ** For example, if you report a consultance				avel related to that consult	rancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activity potentially influencing, what you wro				o have influenced, or th	at give the appearance o	of

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

Section 1. Identifying Inf	formation The Company of the Company	
1. Given Name (First Name) SUSAN	2. Surname (Last Name)  CURRRY	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	No No	
5. Manuscript Title	ent Tobacco Use in Children and Adolescents	
Manuscript Identifying Number (if y)		
6. Manuscript Identifying Number (if y	ou 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 (	or Pub	lication		King Say May		
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant				NCI, CDC, But Support - "He Rout" - Sup	eping young Smokes	X ADD
2. Consulting fee or honorarium	X			ago -sepai	at furth um	X ADD
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	Ø					ADD X
Payment for writing or reviewing the manuscript	Ø					ADD X
Provision of writing assistance, medicines, equipment, or administrative support						ADD X

The Work Under Consideration for Publication							
Type	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 the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership				American Legal Board menu	ey Foundation	×
						ADD
2. Consultancy	P					×
						ADD
3. Employment	P					×
						ADD
4. Expert testimony	Щ					×
						ADD
5. Grants/grants pending	4					×
6. Payment for lectures including						ADD
service on speakers bureaus	P					×
						ADD
7. Payment for manuscript preparation	<b>b</b>					×
The state of the s						

<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.

Hide All Table Rows Checked 'No'

Susan Cerry

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)	P				ADD X	
9. Royalties	Image: Control of the				ADD X	
10. Payment for development of educational presentations	4				ADD X	
11. Stock/stock options	ф				×	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**					×	
13. Other (err on the side of full disclosure)	4				ADD ×	
* This means money that your institution ** For example, if you report a consultan				avel related to that consu		
Are there other relationships or active potentially influencing, what you wr	rities that			o have influenced, or th	nat give the appearance of	
No other relationships/condition  Yes, the following relationships/	s/circum	stances th	at present a po		est	
At the time of manuscript acceptance On occasion, journals may ask autho						

SAVE

Effective Date (07 August 2000)
Effective Date (07-August-2008)

#### 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	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						×
2. Consulting fee or honorarium	9					ADD X ADD
Support for travel to meetings for the study or other purposes	0					×
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	6					ADD X
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
			/	V			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	tside the	submitt	ted work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership					×
2. Consultancy					ADD X
3. Employment					ADD ×
4. Expert testimony				3	ADD X
5. Grants/grants pending	1				ADD ×
Payment for lectures including service on speakers bureaus	0				ADD X
7. Payment for manuscript preparation	6				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 outs  Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Zeliana Andrewski za drugo z nezo zezel						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>						×
	4	/_				ADD
9. Royalties			w [			ADD
10. Payment for development of educational presentations	0					×
		/_				ADD
11. Stock/stock options						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	9					×
13. Other (err on the side of full disclosure)						ADD X
* This means money that your institution ** For example, if you report a consultance  Section 4.				vel related to that consul	tancy on this line.	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.

> Hide All Table Rows Checked 'No' lale Stent

Section 1.	Identifying Info	ormation ( )	THE PARTY OF THE P
Given Name (Fir	esponding author?	2. Surname (Last Name)  Herzsteln  Ves No	3. Effective Date (07-August-2008)
		nt Tobacco Use in Children and Adolescents	

#### 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	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	4					×		
2. Consulting fee or honorarium						ADD X		
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	U					ADD ×		
5. Payment for writing or reviewing the manuscript	d					ADD X		
Provision of writing assistance, medicines, equipment, or administrative support	d					ADD ×		



The Work Under Consid	leration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other						×
* 71.						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 outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership					B Design Baselin British (1980) (1984) (1984) (1984)	×			
2. Consultancy						ADD X			
3. Employment						ADD			
4. Expert testimony	W					ADD X			
5. Grants/grants pending						ADD			
Payment for lectures including service on speakers bureaus						ADD ×			
7. Payment for manuscript preparation						ADD X			

<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	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)						ADD ×
9. Royalties	d					ADD
Payment for development of educational presentations				¥.		ADD X
11. Stock/stock options	TA.					ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	4					ADD ×
13. Other (err on the side of full disclosure)	9					ADD X
* This means money that your institution ** For example, if you report a consultant				vel related to that consu	Itancy on this line.	ADD
Section 4. Other relations	hips					
Are there other relationships or active potentially influencing, what you wro No other relationships/condition	ote in the	e submitte	ed work?			f
Yes, the following relationships/o	condition	s/circums	tances are prese	ent (explain below):		

Hide All Table Rows Checked 'No' SAVE

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

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

Section 1. Identifying In	formation	
1. Given Name (First Name) 4. Are you the corresponding authority  5. Manuscript Title  6. Manuscript Title  7. Manuscript Title  7. Manuscript Title  8. M	4.	3. Effective Date (07-August-2008)
5. Manuscript Title Primary Care Interventions to Pre-	vent Tobacco Use in Children and Adolescents	
6. Manuscript Identifying Number (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...)?

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	P					X
2. Consulting fee or honorarium	A					X ADD
Support for travel to meetings for the study or other purposes	H					×
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	中					X
Provision of writing assistance, medicines, equipment, or administrative support						×

The Work Under Consid	eration for Pub	lication				VE TO
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.

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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	Ф			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		×		
						ADD		
2. Consultancy	7					×		
						ADD		
3. Employment	P					×		
						ADD		
4. Expert testimony	H					×		
	1					ADD		
5. Grants/grants pending	H					×		
6 Paymont for loctures including						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>						×		
						ADD		
7. Payment for manuscript preparation	中					×		

<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	ide the	submitt	ted work			A 61.0
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	6					ADD X ADD
9. Royalties	P				t	×
10. Payment for development of educational presentations	þ					X
11. Stock/stock options						X ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	-					X
13. Other (err on the side of full disclosure)	<b>þ</b>					X
* This means money that your institution ** For example, if you report a consultance  Section 4.  Other relations	cy above			ravel related to that consul	tancy on this line.	
Are there other relationships or activ potentially influencing, what you wro	ities that			to have influenced, or th	at give the appearance o	f
No other relationships/condition Yes, the following relationships/c	s/circum	istances th	nat present a po		est	
At the time of manuscript acceptance On occasion, journals may ask author						tements.
Hide All Ta	ble Row	rs Checke	d 'No'	SAVE		

Section 1. Identifying Info	ormation	
Given Name (First Name)     Are you the corresponding author?	2. Surname (Last Name)  P - e v V  No	3. Effective Date (07-August-2008)
5. Manuscript Title Primary Care Interventions to Preve	nt Tobacco Use in Children and Adolescents	
6. Manuscript Identifying Number (if yo	ou 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	The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	Z					×				
2. Consulting fee or honorarium	Z					ADD X ADD				
3. Support for travel to meetings for the study or other purposes	Ø					×				
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD X				
5. Payment for writing or reviewing the manuscript	2					×				
Provision of writing assistance, medicines, equipment, or administrative support	Z					X				

The Work Un	der Considera	ation for Pub	lication				
	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.

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

Hide All Table Rows Checked 'No'

Relevant financial activities outs	ide the	submitt	ted work		TO BUILD TO UK
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
8. Patents (planned, pending or issued)	d				ADD X
9. Royalties					×
10. Payment for development of educational presentations					ADD X
11. Stock/stock options					×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**					ADD ×
13. Other (err on the side of full disclosure)	7				ADD ×
* This means money that your institution ** For example, if you report a consultance				evel related to that consul	tancy on this line.
Section 4. Other relations	nips				
Are there other relationships or active potentially influencing, what you wro				o have influenced, or th	nat give the appearance of
No other relationships/conditions	s/circum	stances th	nat present a po	tential conflict of intere	est
Yes, the following relationships/c	ondition	s/circums	stances are pres	ent (explain below):	
At the time of manuscript acceptance On occasion, journals may ask author					

SAVE

Section 1. Identifying Infor	mation	
1. Given Name (First Name)	2. Surname (Last Name) Ni Cho   50~	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Primary Care Interventions to Prevent	t Tobacco Use in Children and Adolescents	
6. Manuscript Identifying Number (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...)?

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	X					X ADD
2. Consulting fee or honorarium	Service of the servic					X
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	×					X
5. Payment for writing or reviewing the manuscript	7					×
Provision of writing assistance, medicines, equipment, or administrative support	D					×



The Work Under Conside	eration for Pub	lication				1000
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	M					×
	/~					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		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	鬼				X ADD
2. Consultancy	R				×
3. Employment	T.				×
4. Expert testimony	Ż.				×
5. Grants/grants pending	×				×
6. Payment for lectures including service on speakers bureaus	<del>P</del>			VEL L	×
7. Payment for manuscript preparation	Ø				×

<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	submit	ted work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	/p			÷	ADD X
9. Royalties					ADD
10. Payment for development of educational presentations	4				ADD X
11. Stock/stock options	¥				ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	A				×
13. Other (err on the side of full disclosure)	₩ H				ADD X
* This means money that your institution ** For example, if you report a consultan				avel related to that consul	
Section 4. Other relations	hips				
Are there other relationships or active potentially influencing, what you wr				o have influenced, or th	at give the appearance of
No other relationships/condition  Yes, the following relationships/o					st
At the time of manuscript acceptance On occasion, journals may ask autho	1000				

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Section 1. Identifying Inf	ormation	
1. Given Name (First Name)  DOUY  4. Are you the corresponding author?	2. Surname (Last Name)  ÛW (W)  Ves  No	3. Effective Date (07-August-2008)
5. Manuscript Title Primary Care Interventions to Prev	ent Tobacco Use in Children and Adolescents	
6. Manuscript Identifying Number (if y	ou 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 f	or Pub	lication	1110	TY THE STATE OF		11.4
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					X ADD
2. Consulting fee or honorarium						X
Support for travel to meetings for the study or other purposes		Ø		USPSTF		×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	7					X
Payment for writing or reviewing the manuscript	7					×
Provision of writing assistance, medicines, equipment, or administrative support	1			*		×

The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						,	ADD		
7. Other		4					×		
							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			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						×
2. Consultancy	4					ADD X
3. Employment	ф					X
4. Expert testimony						ADD X
5. Grants/grants pending	ф					ADD X
Payment for lectures including service on speakers bureaus	b					×
7. Payment for manuscript preparation	4					ADD X

<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.



Hide All Table Rows Checked 'No'

Relevant financial activities out:	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	P				AD X	
9. Royalties	Þ		* <u> </u>		×	
Payment for development of educational presentations	-				X	
11. Stock/stock options	ф				X	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	þ			×	×	Total Section
13. Other (err on the side of full disclosure)	1				AD X	
* This means money that your institution ** For example, if you report a consultance				avel related to that consult	ancy on this line.	
Section 4. Other relations	hips					
Are there other relationships or activ potentially influencing, what you wro				o have influenced, or th	at give the appearance of	
No other relationships/condition Yes, the following relationships/c					st	
At the time of manuscript acceptance On occasion, journals may ask autho						nts.

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Section 1. Identifying In	formation	WALL TO BE WAS IN THE
1. Given Name (First Name)  David  4. Are you the corresponding author?	2. Surname (Last Name)  Crossmun  Ver  VNo	3. Effective Date (07-August-2008)
5. Manuscript Title Primary Care Interventions to Prev	ent Tobacco Use in Children and Adolescents	
6. Manuscript Identifying Number (if y	you know it)	guy

#### 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	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant						×				
2. Consulting fee or honorarium						ADD X				
Support for travel to meetings for the study or other purposes	Z					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	d					X ADD				
Provision of writing assistance, medicines, equipment, or administrative support	d					×				

The Work Under Consideration for Publication										
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other							×			
1/4/4/4							ADD			

#### Section 3.

#### 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	Z					×			
2. Consultancy						ADD X			
3. Employment					*	ADD X			
4. Expert testimony						ADD			
5. Grants/grants pending						ADD X			
Payment for lectures including service on speakers bureaus	d					ADD X			
7. Payment for manuscript preparation	d					ADD X			

<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
Patents (planned, pending or issued)	D <sub>1</sub>				
Royalties					
Payment for development of educational presentations	d				
. Stock/stock options	4				
Travel/accommodations/ meeting expenses unrelated to activities listed**	d				
Other (err on the side of full disclosure)					
This means money that your institution For example, if you report a consultant of the consultant of th	ncy above t	there is no	need to report trave		
otentially influencing, what you w	rote in the	e submitte	ed work?		
					est
No other relationships/condition  Yes, the following relationships/	/condition	is/circums	italices are present		

Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Michael	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Primary Care Interventions to Prev	ent Tobacco Use in Children and Adolescent	ts
6. Manuscript Identifying Number (if y	ou 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								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	V					×		
Consulting fee or honorarium	8					ADD X		
Support for travel to meetings for the study or other purposes	1					×		
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	d					×		
5. Payment for writing or reviewing the manuscript	8					X ADD		
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×		

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

#### Section 3.

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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	d					×			
	/					ADD			
2. Consultancy						×			
	_/					ADD			
3. Employment						×			
4. Expert testimony						ADD ×			
5. Grants/grants pending				multiple Fe	derel awards	ADD			
3. Grants/grants pending		L		- Anemai Car	new Society	ADD			
Payment for lectures including service on speakers bureaus	Ø			- multiple for - Anema Car - Infanel M - Decisions	eduil Fordation	×			
7. Payment for manuscript	1					ADD			
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.

Hide All Table Rows Checked 'No'

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
Patents (planned, pending or issued)					ADD ×				
9. Royalties		d		textbook or presente	lipids, X				
10. Payment for development of educational presentations	d				×				
11. Stock/stock options	1				ADD X				
12. Travel/accommodations/ meeting expenses unrelated to activities listed**				towel for as meetings - Pa presented	trenship for X				
13. Other (err on the side of full disclosure)	1			trueta	×				
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.				
Section 4. Other relationsh	inc								
Are there other relationships or activi potentially influencing, what you wro	ities that		44 35 VAC	to have influenced, or th	at give the appearance of				
No other relationships/conditions	s/circum:	stances th	at present a p	otential conflict of intere	st				
Yes, the following relationships/c									
At the time of manuscript acceptance On occasion, journals may ask author									

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Section 1. Identifying Info	rmation	MENTERS CALIFORN
1. Given Name (First Name)  ALBERT	2. Surname (Last Name) SIU	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Primary Care Interventions to Preven	t Tobacco Use in Children and Adolescents	
6. Manuscript Identifying Number (if you	ı 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									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	P					X ADD			
2. Consulting fee or honorarium	4					X			
Support for travel to meetings for the study or other purposes	ф					X			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						X			
5. Payment for writing or reviewing the manuscript	4					×			
Provision of writing assistance, medicines, equipment, or administrative support						×			



The Work	Under Consider	ration for Pub	lication		<b>数本产品是</b> 处理		
	Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		9					×
							ADD

#### Section 3. Rele

#### 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	4				ADD X			
3. Employment	ф				×			
4. Expert testimony	ф			*	ADD ×			
5. Grants/grants pending	ф				ADD X			
Payment for lectures including service on speakers bureaus	Image: Control of the				ADD ×			
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			
Patents (planned, pending or issued)	中					ADD ×		
9. Royalties						ADD X ADD		
Payment for development of educational presentations	P					X ADD		
11. Stock/stock options	þ					X ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						×		
13. Other (err on the side of full disclosure)	4			**		ADD X		
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD		
Section 4. Other relationsl	nips							
Are there other relationships or active potentially influencing, what you wro				to have influenced, or th	at give the appearance of			
No other relationships/conditions	s/circum	nstances th	at present a p	otential conflict of intere	st			
Yes, the following relationships/c	ondition	ns/circums	tances are pre	sent (explain below):				
At the time of manuscript acceptance On occasion, journals may ask author						ements.		
Hide All Ta	ble Row	vs Checked	d 'No'	SAVE				



1. Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author	No No	
5. Manuscript Title Primary Care Interventions to Prev	vent Tobacco Use in Children and Adolescents	

### 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	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant						×			
2. Consulting fee or honorarium						X ADD			
3. Support for travel to meetings for the study or other purposes						X 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						×			
Provision of writing assistance, medicines, equipment, or administrative support	1					ADD ×			

The Work	Under Consider	ation for Pub	lication		146.21.37.50.3		
	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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	0				×			
2. Consultancy	V				ADD X			
3. Employment					ADD ×			
4. Expert testimony	Image: Control of the con			4	ADD X			
5. Grants/grants pending					X			
Payment for lectures including service on speakers bureaus	1				ADD ×			
7. Payment for manuscript preparation	V				ADD X			

<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)						×			
0.0						ADD			
9. Royalties	4					X ADD			
Payment for development of educational presentations						X			
11. Stock/stock options						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						ADD X			
13. Other (err on the side of full disclosure)						X 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.

William R. Phillips

Hide All Table Rows Checked 'No'

8/4/2013

<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.