

#### **Instructions**

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

Qaseem 1



Section 1.	Identifying Inform	ation							
1. Given Name (Fire	st Name)	2. Surnam Qaseem	e (Last Name)	3. Date 10-October-2013					
4. Are you the corre									
5. Manuscript Title Treatment for Anemia in Patients with Heart Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians									
6. Manuscript Iden M13-1830	tifying Number (if you kn	ow it)							
Section 2.	The Work Under Co	onsiderati	on for Publication						
any aspect of the su statistical analysis, e	Did you or your institution <b>at any time</b> 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.					
of compensation) clicking the "Add	) with entities as descri	bed in the i oort relatior	nstructions. Use one line for ships that were <b>present d</b>	or each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.				
Section 4.	Intellectual Proper	ty Pater	nts & Copyrights						
Do you have any	patents, whether planr	ned, pendin	g or issued, broadly releva	ant to the work?	Yes Vo				

Qaseem 2



Section 5. Polationships not sovered above
Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Forciea 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fir Mary Ann	st Name)	2. Surname (Last Name) Forciea	3. Date 11-October-2013					
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Amir Quaseem					
5. Manuscript Title Treatment for An American Collego	emia in Patients with H	Heart Disease: A Clinical Pr	actice Guideline from the Clinical Guidelines Committee of					
6. Manuscript Iden	ntifying Number (if you kn	now it)						
Section 2.	The Work Under Co	onsideration for Public	cation					
any aspect of the su statistical analysis,	Did you or your institution <b>at any time</b> 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  You							
Section 3.	Relevant financial	activities outside the s	submitted work.					
of compensation	) with entities as descri	bed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.					
Are there any rele	evant conflicts of intere	est? Yes ✓ No						
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts					
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No					

Forciea 2



Section 5. Relationships not sovered above
Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Wilt 1



Section 1. Identifying Inform	nation							
1. Given Name (First Name) Timothy	2. Surname (Last Name) Wilt	3. Date 11-October-2013						
4. Are you the corresponding author?	☐ Yes    ✓ No	Corresponding Author's Name Qaseem						
5. Manuscript Title Treatment for Anemia in Patients with Heart Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee the American College of Physicians 6. Manuscript Identifying Number (if you know it) MS13-1830								
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Do you have any patents, whether plar								

Wilt 2



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patent

Humphrey 1



Section 1.	Identifying Inform	nation						
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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem					
		Heart Disease: a Cliinical Pr	ractice Guideline from the Clinical Guidelines Committee of					
	ntifying Number (if you kr	now it)						
			_					
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Do you have any			oadly relevant to the work? Yes V No					

Humphrey 2



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Dr. Humphrey has nothing to disclose.

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## 1. 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.

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1. Given Name (Fi	rst Name)	2. Surname (Last Name) Cooke		3. Effective Date (07-August-2008) 22-October-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Amir Qaseem MD	
5. Manuscript Title Treatment for A	e nemia in Patients Wit	n Heart Disease		
6. Manuscript Ide	ntifying Number (if you	know it)	_	

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



The Work Under Consideration for Publication								
т	ype	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.

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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	<b>√</b>			National Board of Medical Examiners	Volunteer service	×		
						ADD		
2. Consultancy		<b>✓</b>		University of Texas		×		
						ADD		
3. Employment		<b>✓</b>		UCSF		×		
						ADD		
4. Expert testimony	<b>✓</b>					×		
						ADD		
5. Grants/grants pending	<b>✓</b>					X		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</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 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>	<b>✓</b>					×			
						ADD			
9. Royalties	<b>✓</b>					×			
						ADD			
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×			
						ADD			
11. Stock/stock options	✓					×			
				Honoraria and viciting		ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		<b>✓</b>		Honoraria and visiting professorships; ABIM; ACGME		×			
						ADD			
13. Other (err on the side of full disclosure)	<b>✓</b>					×			
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	ADD			
Section 4. Other relationsh	nips								
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of				
	✓ 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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#### **Instructions**

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## 1. 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.

## 2. 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.

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

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## 4. 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 (Finapostolos	rst Name)	2. Surname (Last Name dallas		3. Effective Date (07-August-2008) 16-October-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Amir Qaseem, MD, MPH	me
5. Manuscript Title Treatment of An		Chronic Heart Disease Gu	uideline	
6. Manuscript Ider	ntifying Number (if you l	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" button to add 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>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
3. Support for travel to meetings for the study or other purposes		<b>✓</b>		american College of Physicians	paid for travel to quidelines committee travel	×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			
						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.

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.

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>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	$\checkmark$					×			
						ADD			
5. Grants/grants pending	<b>✓</b>					×			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</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 outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	$\checkmark$					×			
						ADD			
9. Royalties	<b>✓</b>					×			
						ADD			
10. Payment for development of educational presentations	<b>✓</b>					×			
						ADD			
11. Stock/stock options		<b>✓</b>		pfizer, ortho, sanofi- aventis, Glaxo, merck	owned stock, no payments to me.	×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					×			
						ADD			
13. Other (err on the side of full disclosure)	<b>✓</b>					×			
						ADD			
* This means money that your institution									

## **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):

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



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

#### **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.	lentifying Inform	ation	
1. Given Name (First N	lame) A	2. Surname (Last Name) Sw EET	3. Effective Date (07-August-2008)
4. Are you the corresp	onding author?	Yes No	
5. Manuscript Title	Treatmen	A for Animes in	Patrents with Heart Disease
6. Manuscript Identify		· ·	

## 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										
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1.	Grant	X	[				×			
							ADD			
2.	Consulting fee or honorarium	$\square$	] • .				×			
_	C C . b D					1. 11 0	ADD			
3.	Support for travel to meetings for the study or other purposes		X		ACP (tran	ed to Clinical	×			
					br	delines Com	ADD			
4.	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	$\boxtimes$				ed to Clinical Helins Comm Motos	×			
					,		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**				
					`		ADD			
7. Other							×			
							ADD			

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

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Relevant financial activities outside the submitted work										
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1. Board membership	K			***************************************		×				
2. Consultancy						ADD X ADD				
3. Employment	$\boxtimes$					X				
4. Expert testimony						ADD X ADD				
5. Grants/grants pending	X					×				
Payment for lectures including service on speakers bureaus	$\boxtimes$					X ADD				
<ol><li>Payment for manuscript preparation</li></ol>	kappa					×				

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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				
						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	$\bowtie$			ğ.		×			
		·	<u></u>			ADD			
9. Royalties						×			
						ADD			
<ol> <li>Payment for development of educational presentations</li> </ol>	X				Б	×			
			s			ADD			
11. Stock/stock options	$\swarrow$					×			
12. Travel/accommodations/						ADD			
meeting expenses unrelated to activities listed**	X					×			
						ADD			
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	X					×			
* This means money that your institution	received	for your eff	forts			ADD			
** For example, if you report a consultance				avel related to that consult	ancy 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 4.

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## 4. Intellectual Property.

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

## Relationships not covered above.

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.

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Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Denberg 1



Section 1.	Identifying Information				
Given Name (First Name) Thomas		2. Surname (Last Name) Denberg	3. Date 10-October-2013		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name		
Treatment for A	5. Manuscript Title Treatment for Anemia in Patients with Heart Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians				
6. Manuscript Ide M13-1830	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Pub	lication		
Did you or your institution <b>at any time</b> 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 V					
Section 3.	Relevant financial	activities outside the	e submitted work.		
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Section 4.	Intellectual Proper	rty Patents & Copyı	rights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Denberg 2



Section 5. Polationships not sovered above
Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Denberg has nothing to disclose.

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Denberg 3



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

Fitterman 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Nick		2. Surname (Last Name) Fitterman	3. Date 13-October-2013		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Mellissa Starkey		
	5. Manuscript Title Treatment of Anemia in Heart Disease: A Guideline From the Clinical Guidelines Committee of The American College of Physicians.				
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			_		
Section 2.	The Work Under Co	onsideration for Public	ation		
Did you or your institution <b>at any time</b> 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 Vo					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
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Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Fitterman 2



Section 5. Relationships not sovered above
Relationships not covered above
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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Dr. Fitterman has nothing to disclose.

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Fitterman 3



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**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether

earning royalties or not

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

Starkey 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Melissa		2. Surname (Last Name) Starkey	3. Date 11-October-2013	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Amir Qaseem	
5. Manuscript Title Treatment for Anemia in Patients with Heart 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				
Section 2.	The Work Under Co	onsideration for Publi	cation	
Did you or your institution <b>at any time</b> 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.	
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No				

Starkey 2



Soction F				
Section 5.	elationships not covered above			
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
	script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Is may ask authors to disclose further information about reported relationships.			
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Starkey 3



#### **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.

## Relationships not covered above.

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.

#### Definitions.

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Other: Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Chou 1



Section 1.	dentifying Informa	ation			
1. Given Name (First Name) Roger		2. Surname (Last Name) Chou		3. Date 10-October-2013	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Amir Qaseem		
	5. Manuscript Title Treatment for Anemia in Patients with Heart Disease: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians				
6. Manuscript Identify M13-1830	ying Number (if you kno	ow it)			
Section 2. T	he Work Under Co	onsideration for Publ	ication		
Did you or your institution <b>at any time</b> 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. R	elevant financial a	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	atallactual Droman	ty Patents & Copyr	iabte		
III	itenectuai Propert	t <del>y P</del> atents & Copyr	ights –		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Chou 2



Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):  No other relationships/conditions/circumstances that present a potential conflict of interest
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.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Chou has nothing to disclose.

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earning royalties or not

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patent

Schunemann 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Holger	rst Name)	2. Surname (Last Name) Schunemann		Date 2-October-2013
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Qaseem	
the American Co			actice Guideline from the Clinic	cal Guidelines Committee of
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, comm ta monitoring board, study desigr	ercial, private foundation, etc.) for n, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	he appropriate boxes i ) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that we	ether you have financial relatio se one line for each entity; add se <b>present during the 36 mon</b>	as many lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copyric	ıhts	
Do you have any			oadly relevant to the work?	Yes ✓ No

Schunemann 2



c () =	
Section 5.	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the follow	ing relationships/conditions/circumstances are present (explain below):
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
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Shekelle 1



Section 1.	Identifying Infor	mation			
1. Given Name (Fi Paul	rst Name)	2. Surname (Last Name Shekelle	2)	3. Date 14-October-2013	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Au Amir Qaseem	uthor's Name	
		Heart Disease: A Clinica	l Practice Guideline fr	om the Clinical Guidelines Committe	e of
	ntifying Number (if you l	know it)			
Section 2.					
Section 2.	The Work Under (	Consideration for Pu	blication		
	submitted work (includin			nment, commercial, private foundation, e I, study design, manuscript preparation,	tc.) for
Are there any rel	evant conflicts of inte	rest? ☐ Yes ✓ N	0		
Section 3.	Delevent financia	l4::4: 4			
_	Relevant financia	l activities outside th	ie submitted work.		
of compensation	n) with entities as desc	ribed in the instructions	. Use one line for each	ancial relationships (regardless of am n entity; add as many lines as you nee the 36 months prior to publication	d by
•	evant conflicts of inte		-	the 50 months prior to publication	•
•	out the appropriate in				
Name of Entity		Grant? Personal   Fees?	Non-Financial Othe Support?	r? Comments	
ECRI				National Guidelines Clearinghouse	
/eterans Affairs				Employment	
AHRQ, VA, CMS, ONG		<b>✓</b>		Grants/grants pending	
JpToDate					

Shekelle 2



Section 4.	Intellectual Property Patents & Copyrights
Do you have any	y patents, whether planned, pending or issued, broadly relevant to the work? Yes V No
Section 5.	Relationships not covered above
	relationships 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 follo	owing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
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## 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.

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## 4. 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 (Fi Tanveer	irst Name)	2. Surname (Last Name) Mir	3. Effective Date (07-August-2008) 16-October-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Patrick G. O'Connor, MD, MPH
5. Manuscript Title Treatment of An		Heart Disease (clinical gui	deline)
6. Manuscript Ide	ntifying 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...)?

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



The Work Under Consideration for Publication						
Туј	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	$\checkmark$					×
						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.

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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	<b>✓</b>					×
						ADD
2. Consultancy	<b>√</b>					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</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 outs	ide the	suhmitt	ted 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>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Hide All Table Rows Checked 'No'

SAVE



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