

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)

Adelita

2. Surname (Last Name)

Cantu

3. Date

08-January-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Behavioral Counseling Research and Evidence-Based Practice Recommendations: U.S. Preventive Services Task Force Perspectives

6. Manuscript Identifying Number (if you know it)

M13-2128

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Curry

3. Date  
08-January-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Behavioral Counseling Research and Evidence-Based Practice Recommendations: U.S. Preventive Services Task Force Perspective

6. Manuscript Identifying Number (if you know it)  
M13-2128

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Dr. Curry has nothing to disclose.

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1. Given Name (First Name)  
Evelyn

2. Surname (Last Name)  
Whitlock

3. Date  
09-January-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sue Curry, PhD

5. Manuscript Title  
Behavioral Counseling Research and Evidence-Based Practice Recommendations: U.S. Preventive Services Task Force Perspectives

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1. Given Name (First Name) DAvid	2. Surname (Last Name) Grossman	3. Date 09-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Behavioral Counseling Research and Evidence-Based Practice Recommendations: U.S. Preventive Services Task Force Perspectives		
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