

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.

Identifying information.

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3. Relevant financial activities outside the submitted work.

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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.

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

Forciea 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Mary Ann	rst Name)	2. Surname (Last Name) Forciea	3. Date 17-July-2014			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Quaseem			
5. Manuscript Title Non surgical mai	e nagement of Urinary In	continence in Women				
6. Manuscript Ider M13-2410	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Public	cation			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No						
Section 3.	Relevant financial	activities outside the s	submitted work.			
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts			
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No			

Forciea 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):
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Dr. Forciea has nothing to disclose.

Evaluation and Feedback

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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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Given Name (Finapostolos	rst Name)	2. Surname (Last Name dallas)	3. Effective Date (07-August-2008) 16-October-2013		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Amir Qaseem, MD, MPH	me		
5. Manuscript Title "Non-surgical Management of Urinary Incontinence in Women: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians"						
6. Manuscript Ider	ntifying Number (if you k	(now 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	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		american College of Physicians	paid for travel to quidelines committee travel	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD



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

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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	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×

^{*} This means money that your institution received for your efforts on this study.

^{**} 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	
Payment for manuscript preparation	\checkmark					×	
						ADD	
Patents (planned, pending or issued)	\checkmark					×	
						ADD	
9. Royalties	\checkmark					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options		✓		pfizer, ortho, sanofi- aventis, Glaxo, merck	owned stock, no payments to me.	×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×	
						ADD	
13. Other (err on the side of full disclosure)	✓					×	
						ADD	
* This means money that your institution received for your efforts.							

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?

 ${\color{red} \checkmark}$ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

^{**} 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

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



Section 1. Identifying Inform	ation						
1. Given Name (First Name) Paul	2. Surname (Last Name) Shekelle	3. Date 23-July-2014					
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem					
 5. Manuscript Title Non-surgical Management of Urinary Incontinence in Women: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians 6. Manuscript Identifying Number (if you know it) M13-2410 							
Section 2. The Work Under Co	onsideration for Publi	cation					
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Name of Entity	Grant? Personal No	n-Financial Other? Comments					
ECRI Institute		National Guidelines Clearninghouse					
/eterans Affairs		Employment					
AHRQ, VA, CMS, ONC		Grants/grants pending					
Section 4. Intellectual Proper	ty Patents & Copyric	ghts					
Do you have any patents, whether plann							



If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
JpToDate				✓			
Section 5. Polationshi							
Kelationsiii	•						
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or tha	at give the appearance of	
✓ Yes, the following relationsh	nips/conditio	ns/circun	nstances are	e present (ex	plain below):		
No other relationships/cond	litions/circun	nstances	that presen	t a potential	conflict of interes	st	
I am the co-author on a draft paper with Dr. Jennifer Anger on "The Quality of Care Provided to Women with Urinary Incontinence" and on a published 2013 paper on the "Development of quality indicators for women with urinary incontinence" in the journal of Neurology and Urodynamics (PMID: 24105879). The published article was funded by the Patient-Oriented Research Career Development Award (1 K23 DK080227, JTA) and an American Recovery and Reinvestment Act (ARRA) Supplement Award (5RC1EB010649) from the National Institute of Diabetes and Digestive and Kidney Diseases. My role was a mentor to the K23 award and received no financial compensation for this role. 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.							S.
Section 6. Disclosure 9							
Disclosure S	tatement						
Based on the above disclosures, below.	, this form wi	ll automa	atically gene	erate a disclo	sure statement, v	which will appear in the box	:



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Starkey 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Melissa	rst Name)	2. Surname (Last Name) Starkey	3. Date 28-July-2014			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem			
5. Manuscript Title Non-surgical Management of Urinary Incontinence in Women: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians						
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Starkey 2



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Denberg 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi Thomas	rst Name)	2. Surname (Last Name) Denberg	3. Date 18-July-2014					
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem					
5. Manuscript Title Non-surgical Management of Urinary Incontinence in Women: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians								
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Do you have any			oadly relevant to the work? Yes V No					

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Denberg 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.

Identifying information.

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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 (Fi Amir		2. Surname Qaseem	e (Last Name)		3. Date 30-July-2014
4. Are you the cor	responding author?	✓ Yes	No		
Committee of th	nagement of Urinary In e American College of I	hysicians	in Women: A Clinical Pract	ice Guideline fr	rom the Clinical Guidelines
6. Manuscript Idei	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsiderati	on for Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limit	ted to grants, data monitoring		mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities (outside the submitted v	work	
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	n the table t bed in the in port relation	to indicate whether you ha nstructions. Use one line fo nships that were present d o	ive financial rela or each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
	I				
Section 4.	Intellectual Proper	ty Paten	nts & Copyrights		
Do you have any	patents, whether plan	ned, pendin	ng or issued, broadly releva	nt to the work?	Yes 🗸 No

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?
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Qaseem 3



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

Barry 1



Section 1. Identifying Inform	nation									
1. Given Name (First Name) Michael	2. Surname (Last Name) Barry	3. Date 30-July-2014								
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem								
5. Manuscript Title ACP clinical guideline on urinary incontinence in women										
6. Manuscript Identifying Number (if you know it)										
		_								
Section 2. The Work Under Co	onsideration for Public	ation								
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No										
Section 3. Relevant financial	activities outside the s	ubmitted 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 publication . Are there any relevant conflicts of interest?										
Name of Entity	Grant? Personal Nor	n-Financial Other?	Comments							
nformed Medical Decisions Foundation (a nonprofit)	V		Salary as president and board member							
Healthwise (a nonprofit)			Salary as Chief Science Officer							
Section 4. Intellectual Proper										
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No							

Barry 2



Section 5. Polationships not severed 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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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. Barry reports grants and other from Informed Medical Decisions Foudnation (a nonprofit), other from Healthwise (a nonprofit), outside the submitted work; .

Evaluation and Feedback

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Barry 3



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

Chou 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi Roger	rst Name)	2. Surname (Last Name) Chou	3. Date 05-June-2014					
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name					
5. Manuscript Title Urinary Incontine								
6. Manuscript lder M13-2410	ntifying Number (if you kr	now it)						
Section 2.	The Work Under C	onsideration for Publi	ication					
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V								
Section 3.	Relevant financial	activities outside the	submitted work.					
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Section 4.	Intellectual Prope	rty Patents & Copyri	ghts					
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No					

Chou 2



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

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Cooke		3. Effective Date (07-August-2008) 06-June-2014
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na Amir Qaseem MD	me
5. Manuscript Title Urinary Incontin				
6. Manuscript Ide M13-2410	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 for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes		✓		ACP	Member, Guidelines Cttee	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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

Section 3. Polovan

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	✓			National Board of Medical Examiners	Volunteer service	×
						ADD
2. Consultancy		✓		University of Texas		×
						ADD
3. Employment		✓		UCSF		×
						ADD
4. Expert testimony	√					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} 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			
					ADI	D		
8. Patents (planned, pending or issued)	✓				×			
9. Royalties					ADD			
9. noyalties	\checkmark				X ADI			
Payment for development of educational presentations	√				×			
					ADI	D		
11. Stock/stock options	✓				×			
				Hamanania ameli deitima	ADI	D		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		✓		Honoraria and visiting professorships; ABIM; ACGME	×			
					ADI	D		
13. Other (err on the side of full disclosure)	✓				×			
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other 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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Cooke 4

SAVE

Hide All Table Rows Checked 'No'



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Section 1.	Identifying Inform	mation		
1. Given Name (First Name) apostolos		2. Surname (Last Name dallas)	3. Effective Date (07-August-2008) 16-October-2013
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Amir Qaseem, MD, MPH	me
Committee of th	anagement of Urinary e American College of	Physicians"	ı: A Clinical Practice Guideline f	from the Clinical Guidelines
6. Manuscript Ider	ntifying Number (if you k	(now it)		

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		american College of Physicians	paid for travel to quidelines committee travel	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	√					×
						ADD
7. Other	✓					×
						ADD

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1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×

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						ADD	
Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					×	
						ADD	
10. Payment for development of educational presentations	\checkmark					×	
						ADD	
11. Stock/stock options		✓		pfizer, ortho, sanofi- aventis, Glaxo, merck	owned stock, no payments to me.	×	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
*Tl:						ADD	

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?

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



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dallas 5



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

Denberg 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Denberg	3. Date 18-July-2014		
4. Are you the cor	re you the corresponding author?		Corresponding Author's Name Amir Qaseem		
5. Manuscript Title Non-surgical Management of Urinary Incontinence in Women: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians 6. Manuscript Identifying Number (if you know it) MS 13-2410					
Section 2.	Section 2. The Work Under Consideration for Publication				
any aspect of the s statistical analysis, Are there any rel	stitution at any time rece ubmitted work (including	ive payment or services from but not limited to grants, d	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation clicking the "Add Are there any rel	n) with entities as descri	ibed in the instructions. Uport relations hips that we	hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .		
Section 4.	Intellectual Proper	rty Patents & Copyri	ights		
Do you have any	patents, whether plan	ned, pending or issued, b	oroadly relevant to the work? Yes Vo		

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	Relationships not covered above	
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?	
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Section 6.	Disclosure Statement	
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fitterman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) fitterman	3. Date 31-July-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name amir quaseem
5. Manuscript Title Urinary Incontine		eline from the American C	ollege of Physicians
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

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•	or activities that readers could perceive to have influenced, or that give the appearance of you wrote in the submitted work?
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Forciea 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fir Mary Ann	st Name)	2. Surname (Last Name) Forciea	3. Date 17-July-2014
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Non surgical mar	nagement of Urinary In	continence in Women	
6. Manuscript Iden M13-2410	itifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation) clicking the "Add) with entities as descri	bed in the instructions. Use port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

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Relationships not covered above
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Harris 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Russell	2. Surname (Last Name) Harris	3. Date 06-August-2014			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Quaseem			
5. Manuscript Title Urinary Incontinence Guideline from	ACP, Clinical Guidelines Cor	nmittee			
6. Manuscript Identifying Number (if you	know it)				
Section 2. The Work Under	Section 2. The Work Under Consideration for Publication				
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No					
The there any relevant commets of the	eresti. Tes 👣 ito				
Section 3. Relevant financi	al activities outside the	submitted work.			
Place a check in the appropriate boxe of compensation) with entities as des	es in the table to indicate wh scribed in the instructions. Us report relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.			
Section 4. Intellectual Prop	erty Patents & Copyri	ghts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Harris 2



Section 5. Polotionships not sovered above	
Relationships not covered above	
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humphrey 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) linda		2. Surname (Last Name) humphrey	3. Date 28-July-2014
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name see attached
5. Manuscript Title see attached	2		
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No			
Section 3.			
Place a check in to of compensation clicking the "Add	the appropriate boxes in the same of the s	ibed in the instructions. Us port relationships that wer	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.
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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

MIR 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir	rst Name)	2. Surname (Last Name) MIR	3. Date 05-June-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name AMIR QASEEM MD
5. Manuscript Title Urinary Incontine			
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No			
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

MIR 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
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Dr. MIR has nothing to disclose.

Evaluation and Feedback

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MIR 3



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Schünemann 1



Section 1.	Identifying Information					
1. Given Name (First Name) Holger		2. Surname (Last Name) Schünemann	3. Date 24-April-2014			
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Qaseem			
5. Manuscript Title Urinary Incontin						
6. Manuscript Ide M13-2410	ntifying Number (if you kı	now it)				
Section 2.	The Work Under C	onsideration for Publi	cation			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No						
Section 3.	Relevant financial	activities outside the	submitted work.			
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 publication . Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Schünemann 2



Section 5.	
	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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No other relati	ionships/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.
Section 6.	Disclosure Statement
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Schünemann 3



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



Section 1. Identifying Information	ation					
Given Name (First Name) J Sanford	2. Surname (Last Na Schwartz	ame)	3. Date 21-January-2014			
4. Are you the corresponding author?	✓ Yes No					
5. Manuscript Title Urinary Incontinence in Women						
6. Manuscript Identifying Number (if you known M13-2410	ow it)					
Section 2. The Week Under Co						
The Work Under Co	nsideration for I	Publication				
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grass st? Yes rmation below. If ye	ints, data monitoring	g board, stu	udy design, manuscript preparation,		
Name of Institution/Company	Grant? Persona Fees?	Non-Financial Support?	Other?	Comments		
National Institutes of Health Heart, Lung and Blood Institute			✓	Services: NHLBI paid to staff and convene the committee that developed the recommendations, including travel to NIH for several committee meetings and selecting and paying contractors to conduct the literature reviews and synthesis.		
Section 3. Relevant financial a	activities outside	the submitted	work.			
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep	oed in the instruction	ons. Use one line f	or each en	ntity; add as many lines as you need by		
	or relationships th	at were present o	iaining till	e 30 months prior to publication.		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Allergan		✓			Consultant RE: comparative and cost- effectiveness research		
Bayer		✓			Consultant RE: comparative effectiveness and cost-effectiveness research		
Blue Cross Blue Shield Associations		✓			Consultant – Member Medical Advisory Committee		
General Electric		✓			Consultant		
Pfizer	✓				Grant from University of Pennsylvania–Pfizer research alliance		
UBC		✓			Consultant		
Genentech		\checkmark			Consultant		
Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No							
Section 5. Relationships not c	overed	above					
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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. Schwartz reports other from National Institutes of Health Heart, Lung and Blood Institute, during the conduct of the study; personal fees from Allergan, personal fees from Bayer, personal fees from Blue Cross Blue Shield Associations, personal fees from General Electric, grants from Pfizer, personal fees from UBC, personal fees from Genentech, outside the submitted work;

Evaluation and Feedback

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



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Paul	2. Surname (Last Name) Shekelle	3. Date 23-July-2014				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Qaseem				
5. Manuscript Title Non-surgical Management of Urinary Incontinence in Women: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians 6. Manuscript Identifying Number (if you know it) M13-2410						
Section 2. The Work Under Co	onsideration for Publi	cation				
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo						
Section 3. Relevant financial	activities outside the	submitted work.				
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Name of Entity	Grant? Personal No	n-Financial Other? Comments				
ECRI Institute		National Guidelines Clearninghouse				
/eterans Affairs		Employment				
AHRQ, VA, CMS, ONC	✓	Grants/grants pending				
Section 4. Intellectual Proper	rty Patents & Copyri	ghts				
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? 🗸 Yes 🗌 No				



If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
JpToDate				✓			
Section 5. Polationshi							
Kelationsiii	•						
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or the	at give the appearance of	
✓ Yes, the following relationsh	nips/conditio	ns/circun	nstances are	e present (ex	plain below):		
No other relationships/cond	litions/circun	nstances	that presen	t a potential	conflict of interes	st	
I am the co-author on a draft paper with Dr. Jennifer Anger on "The Quality of Care Provided to Women with Urinary Incontinence" and on a published 2013 paper on the "Development of quality indicators for women with urinary incontinence" in the journal of Neurology and Urodynamics (PMID: 24105879). The published article was funded by the Patient-Oriented Research Career Development Award (1 K23 DK080227, JTA) and an American Recovery and Reinvestment Act (ARRA) Supplement Award (5RC1EB010649) from the National Institute of Diabetes and Digestive and Kidney Diseases. My role was a mentor to the K23 award and received no financial compensation for this role. 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 S							
Disclosure S	tatement						
Based on the above disclosures, below.	, this form wi	ll automa	atically gene	erate a disclo	sure statement, v	which will appear in the box	:



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Sweet 1



Section 1.	Identifying Information						
Given Name (First Name) Donna		2. Surname (Last N Sweet	lame)	3. Date 05-June-2014			
4. Are you the corre	sponding author?	Yes ✓ No	o Cor	Corresponding Author's Name			
5. Manuscript Title Urinary Incontiner	nce in Women						
6. Manuscript Ident	ifying Number (if you kno	ow it)					
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Sweet 2



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Wilt 1



Section 1.	Identifying Inforn	nation				
1. Given Name (First Name) Timothy		2. Surname (Last Name) Wilt	3. Date 05-June-2014			
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Qaseem			
5. Manuscript Title Urinary Incontin						
6. Manuscript Ide	ntifying Number (if you kı	now it)				
			_			
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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No						
Section 3.	Relevant financial	activities outside the s	submitted work.			
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Wilt 2



Evaluation and Feedback

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