

#### **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.

## 2. The work under consideration for publication.

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

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Qaseem 1



Section 1.	Identifying Inform	ation							
1. Given Name (Fi Amir	rst Name)	2. Surname (I Qaseem	ast Name)		3. Date 13-August-2014				
4. Are you the cor	responding author?	ponding author? Yes No							
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Section 2.	The Work Under Co	ancidovation	for Dublication						
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Section 3.	Relevant financial	activities ou	tside the submit	ed work.					
of compensation clicking the "Add Are there any rel	ı) with entities as descri	bed in the instoort relationsh	ructions. Use one li	ne for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.				
Section 4.	Intellectual Proper	ty Patents	& Copyrights						
Do you have any	patents, whether plan	ned, pending o	or issued, broadly re	levant to the work?	?				

Qaseem 2



Section 5. Relationships 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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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Inform	mation		
1. Given Name (Fi	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	me
			Amir Qaseem, MD, MPH	
from the Americ	ary and Pharmacologi an College of Physicia	ns"	ent Nephrolithiasis in Adults: /	A Clinical Practice Guideline
6. Manuscript Idei	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.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	<b>✓</b>					:
						A
. Consulting fee or honorarium	<b>✓</b>					
						A
. Support for travel to meetings for the study or other purposes		<b>✓</b>		american College of Physicians	paid for travel to quidelines committee travel	;
						A
. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>√</b>					
						A
Payment for writing or reviewing the manuscript	<b>✓</b>					:



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?

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.



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**Hide All Table Rows Checked 'No'** 

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Starkey 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem
the American Co			ephrolithiasis in Adults: A Clinical Practice Guideline from
Section 2.	The Work Under Co	onsideration for Public	ration
any aspect of the s statistical analysis, Are there any rel	stitution <b>at any time</b> rece ubmitted work (including	ive payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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of compensation clicking the "Add	ı) 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.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Starkey 2



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Dr. Starkey has nothing to disclose.

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Denberg 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem				
5. Manuscript Title Preventive Dietary and Pharmacologic Management of Recurrent Nephrolithiasis in Adults: A Clinical Practice Guideline from the American College of Physicians							
6. Manuscript Ider M13-2908	ntifying Number (if you kr	now it)	_				
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of compensation clicking the "Add Are there any rel	) with entities as descri	ibed in the instructions. Uport relations hips that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.			
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Denberg 2



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Forciea 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Quaseem
		nt to Prevent Recurrent Ne	ephrolithiasis in Adults: A Clinical Practice Guideline from
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# Intellectual Property.

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<ol> <li>Given Name (Fi Michael</li> </ol>	rst Name)	2. Surname (Last Name) Barry		3. Date 13-August-2014
4. Are you the cor	responding author?	Yes No	Corresponding Auth	nor's Name
		ent to Prevent Recurrent Ne	ephrolithiasis in Adu	lts: A Clinical Practice Guideline from
6. Manuscript Ide M13-2908	ntifying Number (if you l	know it)		
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✓ No other rela	tionships/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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Section 1.	Identifying Infor	mation	STATE OF STA
1. Given Name (I Molly	First Name)	2. Surname (Last Name) Cooke	3. Effective Date (07-August-2008) 13-August-2014
4. Are you the co	orresponding author?	Yes No	Corresponding Author's Name Amir Qaseem MD
		ent to Prevent Recurrent	Nephrolithiasis in Adults: A Clinical Practice Guideline from
6. Manuscript Ide M13-2908	entifying 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	<b>V</b>			on other conditions.	close litteractions, with Acid	×
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2. Consulting fee or honorarium	1					×
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<ol><li>Support for travel to meetings for the study or other purposes</li></ol>		<b>✓</b>		ACP	Member, Guidelines Cttee	×
						ADD
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<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×
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<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>/</b>					×



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# 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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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
I. Board membership	<b>V</b>			National Board of Medical Examiners	Volunteer service	;
						A
2. Consultancy		<b>✓</b>		University of Texas		
) Familiary mant				UCSF		A
s. Employment		1		OCSI		A
I. Expert testimony	<b>√</b>					
						А
. Grants/grants pending	<b>✓</b>					
						A
5. Payment for lectures including service on speakers bureaus	1					
						A
<ol> <li>Payment for manuscript preparation</li> </ol>	<b>✓</b>					

Cooke 3

<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)	<b>✓</b>					AD
. Royalties	<b>✓</b>					AD
Payment for development of educational presentations	<b>V</b>					×
. Stock/stock options	<b>✓</b>					AD X
2. Travel/accommodations/ meeting expenses unrelated to activities listed**		<b>V</b>		Honoraria and visiting professorships; ABIM; ACGME		×
. Other (err on the side of full disclosure)	<b>✓</b>					AD
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No other relationships/conditions  Yes, the following relationships/c					t of requirement	
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Fitterman 1



Section 1. Identifying Inf	ormation	
Given Name (First Name)     Nick	2. Surname (Last Name) Fitterman	3. Date 13-August-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Dietary and Pharmacologic Manag the American College of Physicians 6. Manuscript Identifying Number (if y M13-2908		ephrolithiasis in Adults: A Clinical Practice Guideline from
Section 2. The Work Unde	er Consideration for Public	cation
	uding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) ta monitoring board, study design, manuscript preparation,
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Do you have any patents, whether p	planned, pending or issued, br	oadly relevant to the work? Yes V No

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Dr. Fitterman h	as nothing to disclose.

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earning royalties or not

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

Humphrey



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Linda	2. Surname (Last Name) Humphrey	3. Date 13-August-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Dietary and Pharmacologic Managem The American College of Physicians	nent to Prevent Recurrent N	ephrolithiasis in Adults: A Clinical Practice Guideline from
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✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the ab below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Humphrey h	as nothing to disclose.

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Schwartz 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support	Other?	Comments
Allergan		<b>/</b>			Consultant RE: comparative and cost- effectiveness research
Bayer		<b>✓</b>			Consultant RE: comparative effectiveness and cost-effectiveness research
Blue Cross Blue Shield Associations		<b>V</b>			Consultant – Member Medical Advisory Committee
General Electric		<b>✓</b>			Consultant
fizer	<b>√</b>				Grant from University of Pennsylvania–Pfizer research alliance
JBC		1			Consultant
Genentech		<b>V</b>			Consultant
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Are there other relationships or activit	ies that rea	ders could	perceive to have	influence	d, or that give the appearance of
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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 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;

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