

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey
2. Surname (Last Name)
Wiese
3. Date
20-March-2014
4. Are you the corresponding author? Yes No Corresponding Author's Name
5. Manuscript Title
Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Vineet	2. Surname (Last Name) Arora	3. Date 20-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-0216		

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ACP Health and Public Policy Committee Member

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Dr. Arora reports being a member of the ACP Health and Public Policy Committee.

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Bush

3. Date
20-March-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
"Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

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Dr. Bush has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Tape	3. Date 21-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-0216		

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Section 1. Identifying Information

1. Given Name (First Name)

Zoe

2. Surname (Last Name)

Tseng

3. Date

24-March-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians

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Renee

2. Surname (Last Name)
Butkus

3. Date
25-March-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M14-0216

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 No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hilary	2. Surname (Last Name) Daniel	3. Date 25-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-0216		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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spouse works in a policy capacity for a congressional office.

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Ms. Daniel reports and spouse works in a policy capacity for a congressional office.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Hood	3. Date 25-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus,
5. Manuscript Title "Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) M14-0216		

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jacqueline

2. Surname (Last Name)
Fincher

3. Date
26-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Renee Butkus

5. Manuscript Title

Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Newman	3. Date 27-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Reducing Firearms related injuries and deaths in the United States Recommendations of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-0216		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Douglas	2. Surname (Last Name) DeLong	3. Date 01-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title ACP Position Paper on reducing firearm-related injuries and deaths		
6. Manuscript Identifying Number (if you know it)		

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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) Glennon	3. Date 01-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title "Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) M14-0216		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Employee of Cigna Healthspring

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Dr. Glennon reports she is an Employee of Cigna Healthspring.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kenneth	2. Surname (Last Name) Olive	3. Date 02-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title ACP Manuscript on reducing firearm related injuries and deaths		
6. Manuscript Identifying Number (if you know it) M14-0216		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shakaib	2. Surname (Last Name) Rehman	3. Date 22-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Doherty	3. Date 24-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus, B.A.
5. Manuscript Title "Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) M14-0216		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Ankit

2. Surname (Last Name)
Bhatia

3. Date
08-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Renee Butkus

5. Manuscript Title

Reducing Firearm-Related Injuries and Deaths in the United States Recommendations of the American College of Physicians

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Dr. Bhatia has nothing to disclose.

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