

Instructions

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| Section 1. Identifying Info | | rmation | | | | | |
|------------------------------|--------------------|---------------------------------|-------------------------|--|--|--|--|
| 1. Given Name (Fir Daniel | st Name) | 2. Surname (Last Name) Jonas | 3. Date 02-June-2014 | | | | |
| 4. Are you the corr | responding author? | ✓ Yes No | | | | | |

5. Manuscript Title

Screening for Asymptomatic Carotid Artery Stenosis: A Systematic Review and Meta-analysis for the U.S. Preventive Services Task Force

6. Manuscript Identifying Number (if you know it)

M14-0530

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? No ✓ Yes

| If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row | 1. |
|---|----|
| Excess rows can be removed by pressing the "X" button. | |

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support <mark>?</mark> | Other? | Comments | |
|--|--------|-------------------|---|--------------|----------|--|
| Agency for Healthcare Research and Quality | | | | \checkmark | contract | |

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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Dr. Jonas reports other from Agency for Healthcare Research and Quality, during the conduct of the study.

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| Section 1. | Identifying Infor | mation | |
|---|---------------------------|--|---|
| 1. Given Name (Fin Halle | rst Name) | 2. Surname (Last Name) Amick | 3. Date 02-June-2014 |
| 4. Are you the corresponding author? | | Yes Vo Corresponding Author's Name Daniel Jonas | |
| 5. Manuscript Title Screening for As Task Force | | Artery Stenosis: A Systema | tic Review and Meta-analysis for the U.S. Preventive Services |
| 6. Manuscript Ider M14-0530 | ntifying Number (if you k | know it) | |

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🖌 No

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No

| Are there any relevant conflicts of interest? | | Yes | \checkmark | 1 |
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Section 4. Intellectual Property -- Patents & Copyrights

| Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no | e any patents, whether planned, pending or issued, broadly relevant to | the work? | Yes | 🖌 No |
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Ms. Amick has nothing to disclose.

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| Section 1. Identifying Infor | mation | | |
|---|---|---|----------------------------------|
| 1. Given Name (First Name) Russell | 2. Surname (Last Name) Harris | | 3. Date 02-June-2014 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Na Daniel Jonas | ime |
| 5. Manuscript Title Screening for Carotid Artery Stenosis: | A Systematic Review for th | e US Preventive Services Ta | sk Force |
| 6. Manuscript Identifying Number (if you k | now it) | | |
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| Section 2. The Work Under O | Consideration for Publi | ication | |
| Did you or your institution at any time rec any aspect of the submitted work (includin statistical analysis, etc.)? | | | |
| Are there any relevant conflicts of inte | rest? Yes 🖌 No | | |
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| Relevant financia | l activities outside the | submitted work. | |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte | ribed in the instructions. U eport relationships that we | Ise one line for each entity; | add as many lines as you need by |
| , | | | |

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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Dr. Harris has nothing to disclose.

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| Section 1. | Identifying Infor | mation | |
|--|-----------------------|----------------------------------|---|
| 1. Given Name (Firs Jamie | t Name) | 2. Surname (Last Name) Carter | 3. Date 02-June-2014 |
| 4. Are you the corre | esponding author? | Yes 🖌 No | Corresponding Author's Name Daniel Jonas |
| 5. Manuscript Title Screening for Asy Task Force | mptomatic Carotid A | Artery Stenosis: A Systema | tic Review and Meta-analysis for the U.S. Preventive Servic |
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Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

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| Section 1. | Identifying Inform | nation | |
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| 1. Given Name (Fin Zhi-Jie | | 2. Surname (Last Name) Zheng | 3. Date 10-June-2014 |
| , | responding author? | Yes 🖌 No Corre | esponding Author's Name |
| Task Force | ymptomatic Carotid A | | w and Meta-analysis for the U.S. Preventive Services |
| 6. Manuscript Ider M14-0530 | ntifying Number (if you k | now it) | |

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| \mathbf{v} | Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$ | Yes | 🖌 No | |
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Dr. Zheng has nothing to disclose.

Evaluation and Feedback



Identifying Information

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- Strates

| Given Name (First Name) TPCEY Are you the corresponding author? | 2 Syrname (Last Name) SURRUBAN Yes XNo | 3, Date 6-9-2014 |
|---|---|---|
| 5. Manuscript Title HSYMPTOMA 6. Manuscript Identifying Number (if you kr | NC CAROTID ARTER | XY STEROODS: A SYSTEMATO X MEPA-ANALYSIS |
| Did you or your institution at any time recei | but not limited to grants, data monitori | ty (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation, |
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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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| Section 1. | Identifying Infor | mation | |
|---|---------------------------|-----------------------------------|---|
| 1. Given Name (Fi Daniel | rst Name) | 2. Surname (Last Name) Watford | 3. Date 03-June-2014 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Dr. Daniel Jonas |
| 5. Manuscript Title Screening for As Task Force | | Artery Stenosis: A Systema | tic Review and Meta-analysis for the U.S. Preventive Services |
| 6. Manuscript Iden M14-0530 | 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 (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.)?

🖌 No

| Are there any relevant conflicts of interest? | | Yes |
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Section 3. Relevant financial activities outside the submitted work.

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No

| Are there any relevant conflicts of interest? | | Yes | \checkmark | 1 |
|---|--|-----|--------------|---|
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Section 4. Intellectual Property -- Patents & Copyrights

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | \checkmark | No |
|--|-----|--------------|----|
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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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| Date June-2014 |
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✓ No

Are there any relevant conflicts of interest? Yes

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| Section 1. | Identifying Inform | nation | | |
|---|---------------------------|--------------------------------|----------------------------|------------------------------------|
| 1. Given Name (Fi Cassandra | rst Name) | 2. Surname (Last Name) Rowe | | 3. Date 18-June-2014 |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Na | me |
| 5. Manuscript Title Screening for As Task Force | | rtery Stenosis: A Systemati | c Review and Meta-analysis | s for the U.S. Preventive Services |
| 6. Manuscript Ider M14-0530 | ntifying Number (if you k | now it) | | |

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