

Instructions

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

Starkey 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Melissa	rst Name)	2. Surname (Last Name) Starkey	3. Date 16-April-2014
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Screening Pelvic Examination in Adult W		Nomen: A Clinical Practice	Guideline from the American College of Physicians
6. Manuscript Ider M14-0701	ntifying Number (if you kr	now it)	
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Section 2.	The Work Under Co	onsideration for Public	cation
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Section 3.	Relevant financial	activities outside the s	submitted work.
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Starkey 2



Section 5. Relationships not covered above
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Starkey has nothing to disclose.

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Starkey 3



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Qaseem 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fii Amir	rst Name)	2. Surname (Last Name) Qaseem	3. Date 15-October-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Screening Pelvic		Vomen: A Clinical Practice Guideline from the Americ	can College of Physicians
6. Manuscript Ider M14-0701	ntifying Number (if you kn	ow it)	
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Qaseem 2



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Harris 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Russell	2. Surname (Last Name) Harris		3. Date 16-April-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Amir Qaseem	ue
5. Manuscript Title Screening Pelvic Examination in Adult V	Nomen: A Clinical Practice	Guideline from the American	n College of Physicians
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
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Harris 2



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patent

Humphrey 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Linda	2. Surname (Last Name) Humphrey	3. Date 16-April-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Screening Pelvic Examination in Adult	Women: A Clinical Practice	e Guideline from the American College of Physicians
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Humphrey 2



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Shekelle



Given Name (First Name) Paul	2. Surname (Last Name) Shekelle	3. Date 23-April-2014
4. Are you the corresponding author?	Yes No Correspor	ding Author's Name
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	2. Surname (Last Name) Barry		3. Date 17-April-2014
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1. Given Name (First Name) Mary Ann	2. Surname (Last Name) Forciea	3. Date 20-May-2014
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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.

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



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Patents (planned, pending or issued)	\checkmark					ADD ×	
9. Royalties	✓					ADD ×	
Payment for development of educational presentations	1					×	
11. Stock/stock options	V					ADD ×	
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Section 1. Identifying Inform	nation	
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
 5. Manuscript Title Screening Pelvic Examination in Adult (m14-0701) 6. Manuscript Identifying Number (if you known) 		e Guideline from the American College of Physicians
Section 2. The Work Under C	onsideration for Publ	ication
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, o	n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,
Relevant financial	activities outside the	submitted work.
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Are there any relevant conflicts of interest	est? Yes ✓ No	
Section 4. Intellectual Proper	rty Patents & Copyr	ights
Do you have any patents, whether plan	ned, pending or issued, b	oroadly relevant to the work? Yes V No

Schünemann 2



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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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Denberg 1



Section 1. Identifying	Information			
Given Name (First Name) Thomas	2. Surname (Last Name) Denberg	3. Date 16-April-2014		
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's Name Amir Qaseem		
5. Manuscript Title Screening Pelvic Examination in	Adult Women: A Clinical Practice	Guideline from the American College of Physicians		
6. Manuscript Identifying Number (if you know it)			
		-		
Section 2. The Work Ur	nder Consideration for Public	ation		
	ncluding 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 fin	ancial activities outside the s	ubmitted work.		
of compensation) with entities a	s described in the instructions. Us ould report 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.		
Section 4. Intellectual	Dunanta Datamia & Commi	dos.		
Intellectual	Property Patents & Copyric	ints —		
Do you have any patents, wheth	er planned, pending or issued, br	oadly relevant to the work? Yes V No		

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Section F					
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Barry 1



Section 1. Identifying Information	ation						
Given Name (First Name) Michael	2. Surname (Last Name) Barry	3. Date 16-May-2014					
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem					
5. Manuscript Title Screening Pelvic Examination in Adult W	omen: A Clinical Practic	e Guideline fro	om the A	merican College of Physicians			
6. Manuscript Identifying Number (if you known M14-0701	ow it)						
Section 2. The Work Under Co	nsideration for Publi	ication					
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 V							
Section 3. Relevant financial a	activities outside the	submitted v	work.				
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Are there any relevant conflicts of interest	st? ✓ Yes No						
If yes, please fill out the appropriate info	rmation below.						
Name of Entity	Grant? Personal No	on-Financial Support	Other?	Comments			
nformed Medical Decisions Foundation (a nonprofit)	/		✓	salary as president and board membership			
Healthwise (a nonprofit)	✓		✓	salary as Chief Science Officer			
Section 4. Intellectual Propert	ty Patents & Copyri	ghts					
Do you have any patents, whether plann	ned, pending or issued, b	roadly releva	nt to the	work? Yes 🗸 No			

Barry 2



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

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