

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ronald

2. Surname (Last Name)

Myers

3. Date

09-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

David Weinberg

5. Manuscript Title

Gene Environment Risk Assessment and Colorectal Cancer Screening in an Average Risk Population: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Myers has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eileen

2. Surname (Last Name)
Keenan

3. Date
11-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
David Weinberg

5. Manuscript Title
"Gene Environment Risk Assessment and Colorectal Cancer Screening in an Average Risk Population: A Randomized, Controlled Trial"

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)
Eric

2. Surname (Last Name)
Ross

3. Date
11-August-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
David Weinberg, MD

5. Manuscript Title
Gene Environment Risk Assessment and Colorectal Cancer Screening in an Average Risk Population: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)
M14-0765

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Are there any relevant conflicts of interest? 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Ross reports grants from National Cancer Institute, during the conduct of the study; and serves as a Statistical Consultant for the Annals of Internal Medicine.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Ruth	3. Date 12-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Weinberg
5. Manuscript Title Gene Environment Risk Assessment and Colorectal Cancer Screening in an Average Risk Population: A Randomized, Controlled Trial		
6. Manuscript Identifying Number (if you know it) MI14-0765		

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Dr. Ruth has nothing to disclose.

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Randa

2. Surname (Last Name)

Sifri

3. Date

11-August-2014

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Yes No

Corresponding Author's Name

David Weinberg

5. Manuscript Title

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Dr. Sifri has nothing to disclose.

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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) Sharon	2. Surname (Last Name) Manne	3. Date 12-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Weinberg
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Weinberg

3. Date
08-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Gene Environment Risk Assessment and Colorectal Cancer Screening in an Average Risk Population: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)
M14-0765

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Are there any relevant conflicts of interest? 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Weinberg reports grants from NIH, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
barry
2. Surname (Last Name)
ziring
3. Date
08-August-2104
4. Are you the corresponding author? Yes No
5. Manuscript Title
Gene environmental risk assessment and cancer screening in an average risk population: A randomized controlled trial
6. Manuscript Identifying Number (if you know it)

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