Section 1. Identifying I	nformation	
1. Given Name (First Name)	2. Surname (Last Name) Lefevic	3. Date 13-March-2014
4. Are you the corresponding author	Yes No	
5. Manuscript Title Screening for Abdominal Aortic	Aneurysm	
6. Manuscript Identifying Number (i	you know it)	
Section 2. The Work Un	der Consideration for Publication	
any aspect of the submitted work (in statistical analysis, etc.)? Are there any relevant conflicts o	cluding but not limited to grants, data moni f interest? Yes No ate information below. If you have more	party (government, commercial, private foundation, etc.) for toring board, study design, manuscript preparation, than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant Personal Non-Finan	Other Comments
Section 3. Relevant fina	ncial activities outside the submit	ted work.
of compensation) with entities as	described in the instructions. Use one liuld report relationships that were prese finterest? Yes No	ou have financial relationships (regardless of amount ine for each entity; add as many lines as you need by ent during the 36 months prior to publication.
Name of Entity	Grant Personal Non-Finan	Others Comments
TOTAL STATE OF THE PERSONNEL PROPERTY OF THE PERSONNEL BY A STATE OF THE PERSONNEL PROPERTY OF T		

Name of Entity	Grant Persona	Non-Financial Support	Comments
Section 4. Intellectual	Property Patents & Co	ppyrights	
Do you have any patents, whet If yes, please fill out the approp Excess rows can be removed by	riate information below. If y	ned, broadly relevant to the	e work? Yes No ntity press the "ADD" button to add a row
Patent	Pending Issued Licen	sed Royalties Licen	see [?] Comments
	_ 		
Section 5. Relationsh	ips not covered above		
Are there other relationships o	r activities that readers could	I perceive to have influen	ced, or that give the appearance of
potentially influencing, what y			
Yes, the following relations No other relationships/con			
4	Annual and the first sense that the venture is interested a sense	anna ann a stair bhaile deiseachd ann agus an sine ann an t-airean a t-aireann a t-aireann a t-aireann an t-air	Apparatus varies and reservation and reservation of the contraction of the contract of the con
		. Co. of the community of the control of the contro	
At the time of manuscript acce On occasion, journals may ask	eptance, journals will ask aut	hors to confirm and, if neo	essary, update their disclosure statemen



Archard to.

Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform	mation	
1. Given Name (First Name) Michael	2. Surname (Last Name) Pignone	3. Date 13-March-2014
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Screening for Abdominal Aortic Aneur	rysm	
6. Manuscript Identifying Number (if you k	know it)	
Section 2. The Work Under 0	Consideration for Publication	
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, data moniton rest? Yes No formation below. If you have more th	ty (government, commercial, private foundation, etc.) for ring board, study design, manuscript preparation, man one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant Personal Non-Financi	Other Comments
Section 3. Relevant financia	activities outside the submitte	d work.
of compensation) with entities as desc	ribed in the instructions. Use one line eport relationships that were presen test? Yes No	have financial relationships (regardless of amount e for each entity; add as many lines as you need by t during the 36 months prior to publication.
Name of Entity	Grant Personal Non-Financi	Other Comments



Name of Entity	Grant*	rsonal Non-Financia	Other Comme	nts
				The second secon
			According to the control of the cont	
Section 4. Intellectual	Property Patents	s & Copyrights		
Do you have any patents, whether the second	riate information belo	w. If you have more tha	<u></u>	. —
Patent	Pending ssued	Licensed Royalties	Licensee ? C	omments
				Apparation of the state of the
Section 5. Relationshi	ps not covered abo	ove		
Are there other relationships or potentially influencing, what yo			e influenced, or that g	ive the appearance of
Yes, the following relationsh				
No other relationships/cond	litions/circumstances	that present a potentia	l conflict of interest	
• • •				
At the time of manuscript accep				



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature:

ns

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Info	rmation	
1. Given Name (First Name)	2. Surname (Last Name) Kewper	3. Date 13-March-2014
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Screening for Abdominal Aortic Aneu	urysm	
6. Manuscript Identifying Number (if you	know it)	
The second secon		
Section 2. The Work Under	Consideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of	ing but not limited to grants, data monitoring erest? Yes Yoonformation below. If you have more than	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation, none entity press the "ADD" button to add a row.
Name of Institution/Company	Grant Personal Non-Financial Fees Support	Other Comments
Section 3. Relevant financia	al activities outside the submitted	work.
Place a check in the appropriate boxe of compensation) with entities as des	es in the table to indicate whether you ha cribed in the instructions. Use one line for report relationships that were present d erest? Yes No	eve financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
Name of Entity	Grant Personal Non-Financial	Other? Comments
The second secon		

Name of Entity	Grant Person	al Non-Financial	Other	
			The state of the s	
Section 4. Intellectual F	Property Patents & C	opyrights		
Do you have any patents, wheth If yes, please fill out the appropri Excess rows can be removed by	ate information below. If	·	L	No button to add a row.
Patent	Pending lssued Lice	nsed Royalties Royalties	Licensee [©] Commen	ts
				A CONTRACTOR OF THE CONTRACTOR
Section 5. Relationship	s not covered above			
Are there other relationships or a potentially influencing, what you			fluenced, or that give the a	ppearance of
Yes, the following relationshi	ps/conditions/circumstan	ces are present (expl	ain below):	
No other relationships/condi		•		
garan organis and and an analysis and an analy	A secretaria de servicio de la fina de la composição de la messa de la messa de la messa de la final de la comp	and the second control of the second control	er and er one or an error er personne i traderiore i	
At the time of manuscript accept		and the second of the second o		

On occasion, journals may ask authors to disclose further information about reported relationships.

3



Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform	nation			
1. Given Name (First Name)	2. Surname (Last N	ame) L hn ann	3. Date 13-March-2014	4
4. Are you the corresponding author?	Yes No			
5. Manuscript Title Screening for Abdominal Aortic Aneur	ysm			
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	onsideration for	Publication		
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of interifyes, please fill out the appropriate intexcess rows can be removed by pressing Name of Institution/Company	g but not limited to gr est? Yes formation below. If y	ants, data monitoring No No have more thar	g board, study design, manuscript	preparation,
Section 3. Relevant financia	activities outsid	e 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 intellif yes, please fill out the appropriate in	ribed in the instructi eport relationships the rest? Yes	ons. Use one line fo	or each entity; add as many line	es as you need by
Name of Entity	Grant Person	Non-Financial	Other Comments	
The second secon				

Name of Entity	Grant Personal N	Ion-Financial Support	Other Comments	
Section 4. Intellectual Prope	rty Patents & Copy	rights		
Do you have any patents, whether plan If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you h			No button to add a row.
Patent Pendi	ng lssued Licensec	Royalties	Licensee Comme	nts
Section 5. Relationships not	covered above			
Are there other relationships or activitie potentially influencing, what you wrote			nfluenced, or that give the	appearance of
Yes, the following relationships/cor				
	ANNUAL AN	and have not recovered to the second		American complete control of the second cont

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature: 4700

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform	ation			
1. Given Name (First Name) Kirsten	2. Surname (Last Name) bibbins-	Domingo	3. Date 13-March-2014	
4. Are you the corresponding author?	Yes No			
5. Manuscript Title Screening for Abdominal Aortic Aneury	sm			e de la companya de l
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	onsideration for Publ	ication		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, o			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		ave more than one enti	ty press the "ADD" butto	on to add a row.
Name of Institution/Company	Grant	on-Financial Support (S	Comments	
			The state of the s	THE ART AND ADDRESS OF STREET, NAME OF STREET,
Section 3. Relevant financial	activities outside the	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instructions. It port relationships that we est? Yes	Jse one line for each ei	ntity; add as many lines a	as you need by
Name of Entity	Grant	on-Financial Other	Comments	
				and weather of the design of t

Name of Entity	Grant*	ersonal Non-Financial	Other	
				And The Control of th
Section 4. Intellectual	Property Patent	s & Copyrights		
Do you have any patents, whether the second	riate information belo	w. If you have more tha		No utton to add a row.
Patent [®]	Pending lssued	Licensed Royalties	Licensee Comments	5
				State and the second section of the
				graphysis in agglanopas paramount of the children have 1990 for the
Section 5. Relationsh	ips not covered ab	ove	非 反應無關係	
Are there other relationships on			e influenced, or that give the ap	ppearance of
potentially influencing, what yo	•			
Yes, the following relations				
No other relationships/cond	artions/circumstances	that present a potentia	il Commet of interest	and the second s
				:
			and a second	
At the time of manuscript acce On occasion, journals may ask	ptance, journals will a	sk authors to confirm ar	nd, if necessary, update their di reported relationships.	sclosure statements.



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform	ation			
1. Given Name (First Name) Karina	2. Surname (Last Name) David Son		3. Date 13-March-2014	
4. Are you the corresponding author?	Yes Do	TO SEE STATE A POPE AND	er en	
5. Manuscript Title Screening for Abdominal Aortic Aneury	sm			
6. Manuscript Identifying Number (if you kn	ow it)			· ·
	e by Till 2018 Andre			
Section 2. The Work Under Co	onsideration for Publica	tion		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	est? Yes Moormation below. If you have	monitoring board, stu	udy design, manuscript pre	paration,
Name of Institution/Company	Grant Personal Non-	Financial Other	Comments	
			•	
Section 3. Relevant financial	activities outside the su	hmitted work		
Place a check in the appropriate boxes in of compensation) with entities as describled clicking the "Add +" box. You should repare there any relevant conflicts of interest lf yes, please fill out the appropriate info	n the table to indicate whet bed in the instructions. Use ort relationships that were st? Yes	her you have financ one line for each en	tity; add as many lines a	s you need by
Name of Entity	Grant	Financial Other?	Comments	and the second second

Name of Entity	Grant P	Personal F	Non-Financial	Other?	Comments	
Section 4. Intellectual Pro	perty Pater	its & Copy	rights			
Do you have any patents, whether parties of the second sec	information be	low. If you				row.
Patent	ending lssued	License	Royalties	License	e [?] Comments	
Section 5. Polationships						
Are there other relationships or acti potentially influencing, what you w	vities that reade	rs could pe		influenced	d, or that give the appearance of	
Yes, the following relationships/						
	The second of th	a publication of the second of	are gas absorbed to a second of the second o			
At the time of manuscript acceptan On occasion, journals may ask author	ce, journals will ors to disclose fu	ask authors	to confirm and	d, if necess	sary, update their disclosure staten	nents.



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform		
Section 1. Identifying Inform	mation and a second first the second	소프로 하는 명하면 이 그는 사고 있는 것도
1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Jessica	Herzstein	13-March-2014
4. Are you the corresponding author?	Yes No	
	•	
Manuscript TitleScreening for Abdominal Aortic Aneur	ysm	
6. Manuscript Identifying Number (if you	know it)	
Section 2. The Work Under C	Consideration for Publication	
	ng but not limited to grants, data monitoring bo	rernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation,
*	لسط لبا	e entity press the "ADD" button to add a row.
Excess rows can be removed by pressi		
Name of Institution/Company	Grant Personal Non-Financial Ot	her Comments
and the second and the second		
		the second secon
the second secon		
Section 3.		
Section 3. Relevant financia	l activities outside the submitted wo	rk.
Place a check in the appropriate boxes of compensation) with entities as desc	in the table to indicate whether you have ribed in the instructions. Use one line for ea	financial relationships (regardless of amount ach entity; add as many lines as you need by
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	in the table to indicate whether you have ribed in the instructions. Use one line for eaport relationships that were present durin	financial relationships (regardless of amount ach entity; add as many lines as you need by
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should red there any relevant conflicts of interesting the "Add +" box. You should red there any relevant conflicts of interesting the "Add +" box. You should red there any relevant conflicts of interesting the "Add +" box. You should red there are the properties of t	in the table to indicate whether you have ribed in the instructions. Use one line for exercise port relationships that were present durin rest?	financial relationships (regardless of amount ach entity; add as many lines as you need by
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	in the table to indicate whether you have ribed in the instructions. Use one line for exercise port relationships that were present durin rest?	financial relationships (regardless of amount ach entity; add as many lines as you need by
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 interesting the second conflicts of the seco	in the table to indicate whether you have ribed in the instructions. Use one line for exercise present during the rest? Yes No formation below.	financial relationships (regardless of amount ach entity; add as many lines as you need by

lame of Entity	Grant Personal	Non-Financial Support	Comments	
				# 1 TO 10
			process from the control of the matter of the control of the contr	
and the second of the second o			The companies and the contract of the contract	
Section 4. Intellectu	al Property Patents & Co	nyrights		
		The second second second second	na warki Tiyaa Tiya	
	ether planned, pending or issue opriate information below. If yo	-	ne work? Yes Wo ntity press the "ADD" button to a	dd a ro
xcess rows can be removed	by pressing the "X" button.			·
Patent [®]	Pending Issued Licens	ed Royalties Licen	see Comments	
				Charles STreet as
Section 5. Bolation				
Kelations	hips not covered above			
	you wrote in the submitted wo		ced, or that give the appearance	of
Vesthe following relation	nships/conditions/circumstance	os are present (explain he	alow).	
	inditions/circumstances that pro			
	A COMMENS COST OF THE COMMENS COST COST OF THE COST OS THE COST OF THE COST OS THE COST OF THE COST OS THE COST OF THE COST OS	The state of the s	er frank haar haar gela hinnear en en en en en fan en	
		• .		

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



Section 6. Disc

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform	nation			
1. Given Name (First Name) Francisco	2. Surname (Last Name)		3. Date 13-March-2014	
4. Are you the corresponding author?	Yes			
5. Manuscript Title Screening for Abdominal Aortic Aneur	ysm			
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	onsideration for Publ	ication		
Did you or your institution at any time rece any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, o			
If yes, please fill out the appropriate inf Excess rows can be removed by pressir		ive more than one enti	ty press the "ADD" button	to add a row.
Name of Institution/Company	Grant	on-Financial Support	Comments	
,				
	•			
Section 3. Relevant financial	activities outside the	submitted work		
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should re Are there any relevant conflicts of intersections of the second the secon	in the table to indicate will in the table to indicate will be instructions. Uport relationships that we est?	hether you have financ Jse one line for each er	ntity; add as many lines as	you need by
Name of Entity	Grant	on-Financial Support	Comments	



Name of Entity	Grant Persor	e me	Other Cor	mments	
					•
Section 4. Intellectual Propert	y Patents & (Copyrights			
Do you have any patents, whether plann If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If	-		· · · · · · · · · · · · · · · · · · ·	dd a row.
Patent	g lssued Lice	ensed Royalties	Licensee	Comments	
					- Control for the Control for
					gentyponer over the second seco
Section 5. Relationships not c	overed above				
Are there other relationships or activities potentially influencing, what you wrote i			influenced, or t	hat give the appearance	of
Yes, the following relationships/cond			xplain below):		
No other relationships/conditions/cir				rest	
	Poly Laboration Company of Programme Company	e may in the manufin supplementation and lines of the line of the lines of the line	The second second	Millioner commence and account of commence in the commence of commence in the commence of the	
			•		:
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					tatements.



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Info	rmation		
1. Given Name (First Name)	2. Surname (Last Name	•)	3. Date 13-March-2014
4. Are you the corresponding author?	Yes No		
5. Manuscript Title Screening for Abdominal Aortic Aneu	ırysm		
6. Manuscript Identifying Number (if you	know it)		
	ere mendiouwellia (il) säälen il ven olin olin olin olin olin olin olin oli	* ##**********************************	
Section 2. The Work Under	Consideration for Pub	olication	
Did you or your institution at any time re any aspect of the submitted work (includistatistical analysis, etc.)? Are there any relevant conflicts of into	ing but not limited to grants,	, data monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
If yes, please fill out the appropriate in Excess rows can be removed by press		nave more than one en	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant Personal N	Non-Financial Other.	Comments
	e e e e e e e e e e e e e e e e e e e		See 14 4 to the 14th Manufacture detection and consistency of the contract of
Section 3. Relevant financia	al activities outside th	e submitted work.	
Place a check in the appropriate boxe	s in the table to indicate veribed in the instructions. report relationships that verest?	whether you have finan Use one line for each e vere present during th	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Name of Entity	Grant? Personal N	lon-Financial Support	Comments
The second secon			The state of the s

Name of Entity	Grant Person:	Non-Financial Otl	her Comments	
				to the second se
Section 4.		TOTAL STATE OF THE		1
Intellectu	al Property Patents & C			
Do you have any patents, who If yes, please fill out the appro Excess rows can be removed	opriate information below. If y		o the work? [] Yes X No e entity press the "ADD" button to ad	ld a row.
Patent	Pending Issued Lice	nsed Royalties Lic	Comments Comments	
		Amazin di Anta))
		Part Administration		: ; prince transport region
	<u>.</u>			e, et allegade to e _g
undant grangen g		·		
211 4	hips not covered above			
potentially influencing, what			enced, or that give the appearance o	OŤ
-	nships/conditions/circumstan			
No other relationships/co	nditions/circumstances that p	oresent a potential conf	flict of interest	
The second secon				



•			_	_
	-		-	
Se	-	4.7	···	

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Infor	mation			
1. Given Name (First Name) William	2. Surname (Last Name) Phillips		3. Date 13-March-2014	
4. Are you the corresponding author?	Yes I No			
5. Manuscript Title Screening for Abdominal Aortic Aneur	rysm			
6. Manuscript Identifying Number (if you	(now it)	The second secon		and whitehead and the production of the second section of the section of
	The content of the co			
Section 2. The Work Under C	Consideration for Publica	tion		
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of interference in the statistical analysis and the statistical analysis, etc.)?	g but not limited to grants, data rest? Yes No formation below. If you have	monitoring board, study	design, manuscript prepa	aration,
Name of Institution/Company	Grant	inancial Other Co	omments	
				Section 2 and advantage of the second
				is the decomposition of the second
Section 3. Relevant financial	activities outside the sub	omitted work		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should relate there any relevant conflicts of interesting the second conflicts of the sec	in the table to indicate wheth ibed in the instructions. Use o port relationships that were p est? Yes VNo	ner you have financial re	add as many lines as y	ou pood by
Name of Entity	Grant.	inancial Other Co	omments	

Name of Entity	Grant .	un,	n-Financial Support	Other 🖁	Comments	
						AND
Section 4. Intellectual	Property Paten	ts & Copyri	ghts			
Do you have any patents, whether the second	riate information be	low. If you hav				n to add a row.
Patent [®]	Pending [] Issued	Licensed	Royalties	Licensee	Comments	
				Mindest in management of the property of the second		Maria de la composición del composición de la composición de la composición del composición de la composición del composición del composición del composición del composición
Section 5. Poletical i						
Are there other relationships or potentially influencing, what yo	ps not covered ale activities that reader u wrote in the subm	rs could perce	eive to have i	nfluenced,	or that give the appeara	ance of
Yes, the following relationsh						
nove	The state of the s	The Millian of the second of the second	the an expression of	es agracies (1) or 10 specific		
		· · · · · · · · · · · · · · · · · · ·		N 1984 1110 - 4 20 11 - 6 1 4		

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform	nation		
1. Given Name (First Name)	2. Surname (Last Name)		3. Date 13-March-2014
4. Are you the corresponding author?	Yes No		
5. Manuscript Title Screening for Abdominal Aortic Aneur	/sm		
6. Manuscript Identifying Number (if you k	now it)		
	प्रदेशका स्थापना का विश्व का व्यव का विश्व का व प्रदेशका के प्रदेशका का विश्व	1987A-14	
Section 2. The Work Under C	onsideration for Publ	ication	
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, o		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of inter If yes, please fill out the appropriate inf Excess rows can be removed by pressir	ormation below. If you ha	ave more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant ^o	on-Financial Support	Comments
	— — — ·		
Section 3. Palacent Grandial			
Relevant financial	activities outside the		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Uport relationships that w	Jse one line for each er	ntity; add as many lines as you need by
Are there any relevant conflicts of inter If yes, please fill out the appropriate inf			
Name of Entity	Grant	on-Financial Support	Comments
Charles and the second contraction with a contract of the second con			The second secon

Name of Entity	Grant	Fees Support	: Otner Commen	its
Do you have any patents, whe lf yes, please fill out the appropriate Excess rows can be removed by	oriate information bel	g or issued, broadly re ow. If you have more	بــــا	
Patent	Pending Issued	Licensed Royaltie	Licensee Co	
Section 5. Relationsh or potentially influencing, what y Yes, the following relationships/con	ou wrote in the subm ships/conditions/circu	rs could perceive to ha itted work? mstances are present	(explain below):	ve the appearance of

On occasion, journals may ask authors to disclose further information about reported relationships.

3



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

ousa Cur

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Maureen	2. Surname (Last Name)		3. Date 13-March-2014
4. Are you the corresponding author?	Yes No		
5. Manuscript Title Screening for Abdominal Aortic Aneury	sm		
6. Manuscript Identifying Number (if you kn	ow it)		
Section 2. The Work Under Co	onsideration for Publication	on .	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, data m		
If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If you have me	ore than one entity pro	ess the "ADD" button to add a row.
Name of Institution/Company	Grant Personal Non-Fir	Other Co	mments
Section 3. Relevant financial a	activities outside the subr	nitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	oed in the instructions. Use on ort relationships that were pr st? Yes Yoo	e line for each entity;	add as many lines as you need by
Name of Entity	Grant Personal Non-Fir	Other	mments



Section 4. Intellectual Property Do you have any patents, whether planned, p If yes, please fill out the appropriate informat Excess rows can be removed by pressing the Patent Pending	pending or issue ion below. If you	d, broadly relev u have more tha	an one entit	E
Do you have any patents, whether planned, plants, please fill out the appropriate informat Excess rows can be removed by pressing the	pending or issue ion below. If you "X" button.	d, broadly relev u have more tha	an one entit	E
Do you have any patents, whether planned, plants, please fill out the appropriate informat Excess rows can be removed by pressing the	pending or issue ion below. If you "X" button.	d, broadly relev u have more tha	an one entit	E
Do you have any patents, whether planned, plants, please fill out the appropriate informat Excess rows can be removed by pressing the	pending or issue ion below. If you "X" button.	d, broadly relev u have more tha	an one entit	E
If yes, please fill out the appropriate informat Excess rows can be removed by pressing the	ion below. If you "X" button.	ı have more tha	an one entit	E
Patent Pending Pending	lssued Elicenso	ed ? Royalties	<u> </u>	
			License	Comments
and a control of the			The second secon	
		. 🗆		
Section 5. Relationships not cove Are there other relationships or activities that	<u>un de model de eller ein duaffi.</u>	perceive to have	e influenced	Lor that give the appearance of
potentially influencing, what you wrote in the			·······································	, or that give the appearance of
Yes, the following relationships/condition No other relationships/conditions/circum			-	
				<u></u>

On occasion, journals may ask authors to disclose further information about reported relationships.

3



Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Inform	nation		
1. Given Name (First Name) Alber+	2. Surname (Last Name)		3. Date 13-March-2014
4. Are you the corresponding author?	Yes No		
5. Manuscript Title Screening for Abdominal Aortic Aneury	rsm	MANAGER, HOST LANGUER LINE (1981) - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110	
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Publica	ation	
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 If yes, please fill out the appropriate info Excess rows can be removed by pressin	s but not limited to grants, dad est? Yes No ormation below. If you have	a monitoring board, stud	ly design, manuscript preparation,
Name of Institution/Company	Grant	Financial Other	Comments
	·		
Section 3. Relevant financial	activities outside the su	ıbmitted work.	
Place a check in the appropriate boxes of compensation) with entities as descrelicking the "Add +" box. You should repart there any relevant conflicts of interesting the specific propriate info	ibed in the instructions. Use port relationships that were est? Yes No	one line for each ent	ity; add as many lines as you need by
Name of Entity	Grant° _	Financial Other?	Comments
The second secon			usar manahing salah salah kermat ang pamenakan salah salah sebendua manahan salah kermata sesah salah mengan m S

Name of Entity	Grant	onal Non-Financial	Other Comment	S
Section 4. Intellectual Prope			M	
Do you have any patents, whether plants in the specific section of the specific section. The specific section is a specific section of the specific section of the specific section is a specific section of the specific sect	formation below	. If you have more tha		∕es
Patent	ing lssued L	Licensed Royalties?	Licensee Co	mments
Section 5. Relationships no				
Are there other relationships or activit potentially influencing, what you wrot	ies that readers or e in the submitte	could perceive to have ed work?	influenced, or that give	ve the appearance of
Yes, the following relationships/co				
1	ngy gaments , ogłodnicki jeminjagowaj i i stochowni n	us and the second control of the second cont		The sale of the sa
At the time of manuscript acceptance	, journals will ask	cauthors to confirm ar	nd, if necessary, update reported relationship	e their disclosure statement



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identi	fying Information				
1. Given Name (First Name)		ame (Last Name)		3. Date 13-March-2014	
4. Are you the corresponding	ng author?	No	•		
5. Manuscript Title Screening for Abdominal	Aortic Aneurysm				
6. Manuscript Identifying Nu	umber (if you know it)				
Section 2. The Wo	ork Under Considera	ation for Publicatio	n		
Did you or your institution at any aspect of the submitted statistical analysis, etc.)? Are there any relevant cor If yes, please fill out the ap Excess rows can be remov	work (including but not lintificts of interest?	mited to grants, data mo Yes \tag No below. If you have mo	onitoring board, study	design, manuscript prep	aration,
Name of Institution/Com	pany Grant	Personal Non-Fin	Other• C	Comments	
USPSTF				Trad	
Section 3. Releva	nt financial activitie	s outside the subn	nitted work.		
Place a check in the approof compensation) with enclicking the "Add +" box. Yes there any relevant configures, please fill out the appropriate the second sec	tities as described in the You should report relatinflicts of interest?	e instructions. Use on onships that were pro Yes X	e line for each entit	y; add as many lines as	you need by
of compensation) with enclicking the "Add +" box. Y Are there any relevant cor	tities as described in the You should report relatinflicts of interest?	e instructions. Use on onships that were pro Yes No below.	e line for each entity sent during the 3	y; add as many lines as	you need by

Name of Entity	Grant Persona	Non-Financial Oth	er (Comments	
Section 4. Intellectual Prop	erty Patents & Co	pyrights		
Do you have any patents, whether plants in the spropriate in Excess rows can be removed by press	nformation below. If yo		the work? ' Yes No entity press the "ADD" button to add a row	<i>N</i> .
Patent Pen	ding Issued Licen	sed Royalties Lice	ensee [®] Comments	
Section 5. Relationships no	ot covered above			
Are there other relationships or activi potentially influencing, what you wro			enced, or that give the appearance of	
Yes, the following relationships/co	onditions/circumstanc	es are present (explain	below):	
No other relationships/conditions	c/circumstances that p	resent a potential confli	ict of interest	
	and the contract of the contra			,
At the time of manuscript acceptance On occasion, journals may ask author			ecessary, update their disclosure statemer	its.



Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Signature:

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1. Identifying Infor	nation					
1. Given Name (First Name) Mark 4. Are you the corresponding author?	2. Suma	me (Last Name)	eX][3. Date 13-March-	2014
5. Manuscript Title Screening for Abdominal Aortic Aneur	•					
Manuscript Identifying Number (if you k	nowit)					
Section 2. The Work Under C	onsidera:	tion for Publ	ication		:	
Did you or your institution at any time rect any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g Dut not III	t or services from	n a third party Jata monitorin	(government, g board, study	commercial, pri design, manusc	vate foundation, etc.) for ript preparation,
If yes, please fill out the appropriate inf Excess rows can be removed by pressir	ormation b	elow. If you ha	ive more tha	n one entity p	ress the "ADD"	button to add a row.
Name of Institution/Company	Grant?	Personal No	ph-Financial Support [?]	Other C	omments	
					;	
Section 3. Relevant financial	activities	outside the	submitted	work.	· · · · · · · · · · · · · · · · · · ·	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	idea in the	Instructions I	ise one line f	or each entitu	add ac manu	Boon servers send has
Are there any relevant conflicts of inten	est? 🔲 Y	es No	and present t	iming that 30	mords Mai	to publication.
If yes, please fill out the appropriate info	ormation b	elow.				
Name of Entity	Grant?		on-Financial Support?	Other? Co	omments	



Name of Entity	Grant	Personal N	Support ²	Other Con	nments	
Do you have any patents, wh	al Property Pa	ding or issued,	broadly releva	ant to the work?	· Tyes Jako	
If yes, please fill out the appro Excess rows can be removed	priate information by pressing the "X"	button.			ss the "ADD" button	to add a row.
				·		
Are there other relationships	hips not covered	ders could per	ceive to have	influenced, or t	hat give the appeara	nce of
potentially influencing, what	you wrote in the su ships/conditions/ci	icumstances a	re present (exp	plain below):		

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

signature: Male Ell

Evaluation and Feedback

Please visit http://www.icmie.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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.

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".

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

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



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Matthw	2. Surname (Last Name) hill na-	3. Date 13-March-2014
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Screening for Abdominal Aortic Aneury	ysm	•
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	g but not limited to grants, data monitoring est? Yes No	(government, commercial, private foundation, etc.) for a board, study design, manuscript preparation,
If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you have more than g the "X" button.	one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Financial	Other Comments
•		
Section 3. Relevant financial	activities outside the submitted	work.
Place a check in the appropriate boxes in of compensation) with entities as descri	in the table to indicate whether you ha ibed in the instructions. Use one line fo port relationships that were present d est? Yes VNo	ve financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
Name of Entity	Grant? Personal Non-Financial Fees? Support?	Other? Comments
•		



Name of Entity	Grant	~	: pn-Financial Support [?]	Other ?	Comments		
Section 4. Intellectual Proper	ty Patent	ts & Copyri	ights		· · · · · · · · · · · · · · · · · · ·		
Do you have any patents, whether plant If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation belo	ow. If you ha				No button to add	a row.
Patent? Pendii	ng ੈ lssued	Licensed	Royalties ?	Licensee	Comme	nts	
					4		
Section 5. Relationships not	covered ab	ove					
Are there other relationships or activitie potentially influencing, what you wrote	s that reader	s could perc	eive to have i	nfluenced,	or that give the	appearance of	
Yes, the following relationships/conditions/ci							

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Signature: Mathellu

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.