

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
LeFevre

3. Date  
26-June-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name) Lindsay	2. Surname (Last Name) Pickell	3. Date 26-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name LeFevre
5. Manuscript Title Screening for Asymptomatic Carotid Artery Stenosis: U.S. Preventive Services Task Force Recommendation Statement		
6. Manuscript Identifying Number (if you know it) m14-1333		

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### Section 1. Identifying Information

1. Given Name (First Name)  
Albert

2. Surname (Last Name)  
Siu

3. Date  
25-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Mike LeFevre

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)

William

2. Surname (Last Name)

Phillips

3. Date

01-July-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

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Dr. Phillips has nothing to disclose.

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Ann Elizabeth

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Kurth

3. Date

26-June-2014

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Yes  No

Corresponding Author's Name

Mike L.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)  
Herzstein

2. Surname (Last Name)  
Jessica

3. Date  
01-July-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Michael Lefevre

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you 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.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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 publication**.

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





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there 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?

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### Section 6. Disclosure Statement

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

Dr. Jessica has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Matthew

2. Surname (Last Name)

Gillman

3. Date

27-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Mike L

5. Manuscript Title

Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Uptodate and Cambridge University Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Curry

3. Date  
25-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Mike LeFevre

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you 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.)?

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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**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





## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Linda

2. Surname (Last Name)

Baumann

3. Date

26-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

M. LeFevre

5. Manuscript Title

Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

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



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Dr. Baumann 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)

Kirsten

2. Surname (Last Name)

Bibbins-Domingo

3. Date

01-July-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mark

2. Surname (Last Name)

Ebell

3. Date

01-July-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michael Lefevre

5. Manuscript Title

Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

\_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

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### Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Francisco      2. Surname (Last Name) Garcia      3. Date 25-June-2014

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

5. Manuscript Title  
Screening for Asymptomatic Carotid Artery Stenosis: U.S. Preventive Services Task Force Recommendation Statement

6. Manuscript Identifying Number (if you know it)  
M14-1333

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Are there any relevant conflicts of interest?     Yes     No

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Are there any relevant conflicts of interest?     Yes     No

### Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Alex      2. Surname (Last Name) Kemper      3. Date 25-June-2014

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

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)  
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?     Yes     No

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Are there any relevant conflicts of interest?     Yes     No

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1. Given Name (First Name) Doug      2. Surname (Last Name) Owens      3. Date 02-July-2014

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

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?     Yes     No

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