

#### **Instructions**

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## Identifying information.

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

Qaseem 1



Section 1.	Identifying Inform	ation							
1. Given Name (Fi	rst Name)	2. Surnan Qaseem	ne (Last Name)		3. Date 29-December-2014				
4. Are you the cor	e you the corresponding author? Yes No								
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Section 2.	The Work Under Co	ancidorat	ion for Publication						
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Section 3.	Relevant financial	activities	outside the submitte	ed work.					
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Section 4.	Intellectual Proper	ty Pate	nts & Copyrights						
Do you have any	patents, whether plan	ned, pendi	ng or issued, broadly rele	evant to the work?	? ☐ Yes ✓ No				

Qaseem 2



Section 5. Relationships not severed above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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.

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patent



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Dr. Mir has nothing to disclose.

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provid\underline{e}\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Lanceer me



Section 1. Identifying Inform	ation		
Given Name (First Name)  Tanveer	2. Surname (Last Name) Mir		3. Date 31-December-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Na Amir Qaseem	me
5. Manuscript Title Risk Assessment and Prevention of Pres	sure Ulcers:		
6. Manuscript Identifying Number (if you kn M14-1567	now it)		
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, cor ta monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	bed in the instructions. Us port relationships that were	e one line for each entity; a	dd as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plans			Yes ✓ No



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Denberg 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Thomas	rst Name)	2. Surname (Last Name) Denberg	3. Date 05-January-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem
the American Co			tice Guideline from the Clinical Guidelines Committee of
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Denberg 2



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<ol> <li>Given Name (Fi Michael</li> </ol>	rst Name)	2. Surname (Last Name) Barry		3. Date 13-August-2014
4. Are you the cor	responding author?	Yes No	Corresponding Auth	nor's Name
		ent to Prevent Recurrent Ne	ephrolithiasis in Adu	lts: A Clinical Practice Guideline from
6. Manuscript Ide M13-2908	ntifying Number (if you l	know it)		
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Cooke 1



Section 1.	Identifying Infor	mation	STATE OF STA
1. Given Name (I Molly	First Name)	2. Surname (Last Name) Cooke	3. Effective Date (07-August-2008) 13-August-2014
4. Are you the co	orresponding author?	Yes No	Corresponding Author's Name Amir Qaseem MD
		ent to Prevent Recurrent	Nephrolithiasis in Adults: A Clinical Practice Guideline from
6. Manuscript Ide M13-2908	entifying 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 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.

The Work Under Consideration f	or Pub	lication			AND DESCRIPTION OF THE PERSON NAMED IN	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>			on other conditions.	close litteractions, with Acid	×
						ADD
2. Consulting fee or honorarium	1					×
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<ol><li>Support for travel to meetings for the study or other purposes</li></ol>		<b>✓</b>		ACP	Member, Guidelines Cttee	×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
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<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>/</b>					×



The Work Under Consideration for Publication							
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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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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
I. Board membership	<b>V</b>			National Board of Medical Examiners	Volunteer service	;
						A
2. Consultancy		1		University of Texas		
) Familiary mant				UCSF		A
s. Employment		1		OCSI		A
I. Expert testimony	<b>√</b>					
						А
. Grants/grants pending	<b>✓</b>					
						A
5. Payment for lectures including service on speakers bureaus	1					
						A
<ol> <li>Payment for manuscript preparation</li> </ol>	<b>✓</b>					

Cooke 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
3. Patents (planned, pending or issued)	<b>✓</b>					AD
. Royalties	<b>/</b>					AD
Payment for development of educational presentations	<b>V</b>					×
. Stock/stock options	<b>✓</b>					AD X
2. Travel/accommodations/ meeting expenses unrelated to activities listed**		<b>V</b>		Honoraria and visiting professorships; ABIM; ACGME		×
. Other (err on the side of full disclosure)	<b>✓</b>					AD
This means money that your institution For example, if you report a consultance				ravel related to that consulta	ncy on this line.	AD
Section 4. Other relations	nips		-		Fair years	
re there other relationships or activ otentially influencing, what you wro				to have influenced, or tha	t give the appearance o	of
No other relationships/conditions  Yes, the following relationships/c					t of requirement	
t the time of manuscript acceptance n occasion, journals may ask author						atemer



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

Fitterman 1



Section 1. Identifying Inf	ormation	
Given Name (First Name)     Nick	2. Surname (Last Name) Fitterman	3. Date 13-August-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Dietary and Pharmacologic Manag the American College of Physicians 6. Manuscript Identifying Number (if y M13-2908		ephrolithiasis in Adults: A Clinical Practice Guideline from
Section 2. The Work Unde	er Consideration for Public	cation
	uding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) ta monitoring board, study design, manuscript preparation,
Section 3. Relevant finance	cial activities outside the s	submitted work.
of compensation) with entities as d	escribed in the instructions. Us d report relationships that wer	ether you have financial relationships (regardless of amour se one line for each entity; add as many lines as you need by se <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Pro	perty Patents & Copyrig	phts
Do you have any patents, whether p	planned, pending or issued, br	oadly relevant to the work? Yes V No

Fitterman



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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✓ No other rel	ationships/conditions/circumstances that present a potential conflict of interest
At the time of m On occasion, jou	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Urnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Fitterman h	as nothing to disclose.

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Harris



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Humphrey



Section 1.	Identifying Infor		
1. Given Name (I Linda	First Name)	2. Surname (Last Name) Humphrey	3. Date 13-August-2014
4. Are you the co	orresponding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem
		ent to Prevent Recurrent N	ephrolithiasis in Adults: A Clinical Practice Guideline from
	entifying Number (if you k	know it)	m which pure the second second second from now .
Section 2.	T year or your heatherson	Consideration for Public	The blift where the bit with the part of war, build and
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1. Given Name (First Name) 1. Given Name (Last Name) 1. Ja. Date Tanveer 1. Mir 1. Ja. August-2014  4. Are you the corresponding author?  Yes No Corresponding Author's Name Amir Qaseem  5. Manuscript Title Dietary and Pharmacologic Management to Prevent Recurrent Nephrolithiasis in Adults: A Clinical Practice Guideline fro the American College of Physicians 6. Manuscript Identifying Number (if you know it) M13-2908  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, 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 am of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you nee 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	Section 1.	Identifying Infor	rmation		
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Yes, the foll	owing relationships/conditions/circumstances are present (explain below):
✓ No other rel	ationships/conditions/circumstances that present a potential conflict of interest
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Dr. Mir has not	hing to disclose.

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Section 1. Identifying Info	rmation	
Given Name (First Name)     Holger	2. Surname (Last Name) Schünemann	3. Date 13-August-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Dietary and Pharmacologic Managem the American College of Physicians	nent to Prevent Recurrent Ne	ephrolithiasis in Adults: A Clinical Practice Guideline from
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4. Are you the corresponding author?	✓ Yes No			
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Schwartz 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support	Other?	Comments
Allergan		<b>/</b>			Consultant RE: comparative and cost- effectiveness research
Bayer		<b>✓</b>			Consultant RE: comparative effectiveness and cost-effectiveness research
Blue Cross Blue Shield Associations		<b>V</b>			Consultant – Member Medical Advisory Committee
General Electric		<b>✓</b>			Consultant
fizer	<b>✓</b>				Grant from University of Pennsylvania–Pfizer research alliance
JBC		1			Consultant
Genentech		<b>V</b>			Consultant
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Dr. Schwartz reports other from National Institutes of Health Heart, Lung and Blood Institute, during the conduct of the study; personal fees from Allergan, personal fees from Blue Cross Blue Shield Associations, personal fees from General Electric, grants from Pfizer, personal fees from UBC, personal fees from Genentech, outside the submitted work;

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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

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### 3. 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.

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## 4. Other relationships.

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.

dallas 1



Given Name (First Name)  apostolos	<ol><li>Surname (Last Name) dallas</li></ol>		3. Effective Date (07-August-2008 16-October-2013
4. Are you the corresponding author?	Yes No Corresponding Author's Name Amir Qaseem, MD, MPH		
5. Manuscript Title "Preventive Dietary and Pharmacolog from the American College of Physicia	•	ent Nephrolithiasis in Adults	s: A Clinical Practice Guideline

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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.

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>√</b>					×
						ADD
2. Consulting fee or honorarium	1					×
						ADD
3. Support for travel to meetings for the study or other purposes		$\checkmark$		american College of Physicians	paid for travel to quidelines committee travel	×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>/</b>					×
						ADD



The Work Under Consideration	for Pub	olication				1-5-64
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×
						ADD
7. Other	<b>✓</b>					×
						ADD

## 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 submission.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					
2. Consultancy	<b>/</b>					A
3. Employment	$\checkmark$					A
4. Expert testimony	$\checkmark$					A
5. Grants/grants pending	$\checkmark$					A
5. Payment for lectures including service on speakers bureaus	<b>V</b>					A

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript						ADI
preparation	$\checkmark$					×
8. Patents (planned, pending or						ADI
issued)	<b>√</b>					ADE
9. Royalties	<b>√</b>					×
						ADI
<ol><li>Payment for development of educational presentations</li></ol>	<b>V</b>					×
						ADD
11. Stock/stock options		<b>✓</b>		pfizer, ortho, sanofi- aventis, Glaxo, merck	owned stock, no payments to me.	×
12. Tarrella a comunication d						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	$\checkmark$					×
						ADD
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	<b>✓</b>					×
						ADE
* This means money that your institution ** For example, if you report a consultance				ravel related to that consu	ıltancy on this line.	

#### Section 4

### Other relationships

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?

Yes, the following relationships/conditions/circumstances are present (explain below):



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Hide All Table Rows Checked 'No'

SAVE

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### 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.

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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 Infor	mation	
Given Name (First Name)     Mary Ann	2. Surname (Last Name) Forciea	3. Date 06-January-2015
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Treatment of Pressure Ulcers: A Guide	eline from the ACP	
6. Manuscript Identifying Number (if you M14-1568	know it)	
Section 2. The Work Under		
The Work Under	Consideration for Publi	
Did you or your institution at any time red	teive payment or services from	cation  a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)?  Are there any relevant conflicts of interesting the statistical analysis, etc.)	teive payment or services from	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)?  Are there any relevant conflicts of interesting the statistical analysis and propriate boxes of compensation) with entities as described.	reive payment or services from ag but not limited to grants, diverset? Yes No No activities outside the stribed in the instructions. U	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)?  Are there any relevant conflicts of interesting the statistical analysis and propriate boxes of compensation) with entities as described.	reive payment or services from but not limited to grants, detects? Yes No lactivities outside the sin the table to indicate where the din the instructions. Ueport relationships that we	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, submitted work.  The second seco
Did you or your institution at any time recany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the statistical analysis, etc.)?  Relevant financial Place a check in the appropriate boxes of compensation) with entities as described by the statistical analysis, etc.)?  Are there any relevant conflicts of interesting the "Add +" box. You should refer there any relevant conflicts of interesting the statistical analysis, etc.)?	reive payment or services from but not limited to grants, detects? Yes No lactivities outside the sin the table to indicate where the din the instructions. Ueport relationships that we	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, submitted work.  The second have financial relationships (regardless of amount second line for each entity; add as many lines as you need by re present during the 36 months prior to publication.



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Forciea has r	nothing to disclose.

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earning royalties or not

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

Starkey 1



Section 1.	Identifying Inform	ation	
1. Given Name (First Name) Melissa		2. Surname (Last Name) Starkey	3. Date 29-December-2014
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Treatment of Pressure Ulcers: A Clinical Practice Guideline from the Clinical Guidelines Committee of the American College of Physicians			
6. Manuscript Identifying Number (if you know it) M14-1568			
Section 2. The Week Under Consideration for Dublication			
The work Order Consideration for Publication			
Did you or your institution <b>at any time</b> 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  Volume  Yes			
Section 3.	Relevant financial	activities outside the s	ubmitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No

Starkey 2



Section 5. Relationships not covered above			
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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✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
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Section 6. Disclosure Statement			
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Dr. Starkey has nothing to disclose.			

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