

#### **Instructions**

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#### Identifying information.

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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



Section 1. Identifying Inform	nation	
identifying inform	nation	
Given Name (First Name) Linda	2. Surname (Last Name) Humphrey	3. Date 2015-17-
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Treatment of pressure ulcers		
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
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Section 5.	
Section 5.	Relationships not covered above
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Qaseem 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Amir	rst Name)	2. Surname (Last l Qaseem	Name)		Date 9-December-2014
4. Are you the corresponding author? Yes No					
of Physicians"			from the Clinical Guide	elines Committe	ee of the American College
Section 2.	The Work Under Co	onsideration fo	Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to g			nercial, private foundation, etc.) for n, manuscript preparation,
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Section 4.	Intellectual Proper	ty Patents & 0	Copyrights		
Do you have any			sued, broadly relevant t	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):
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Denberg 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Thomas	2. Surname (Last Name) Denberg	3. Date 05-January-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Treatment of Pressure Ulcers: A Clinical of Physicians	Practice Guideline from th	ne Clinical Guidelines Committee of the American College
6. Manuscript Identifying Number (if you kr M14-1568	now it)	
Section 2. The Work Under C	onsideration for Public	ration
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	vive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
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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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Dr. Denberg has nothing to disclose.

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Starkey 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Melissa	rst Name)	2. Surname (Last Name) Starkey		3. Date 29-December-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Amir Qaseem	ne
the American Co			ctice Guideline from the Clin	nical Guidelines Committee of
Section 2.	The Work Under C	onsideration for Publi	ication	
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No

Starkey 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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	grants and other from Informed Medical Decisions Foundation (a nonprofit), grants and other from onprofit), outside the submitted work.

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## Identifying information.

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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## 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.

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 for Publication							
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 Ad-	×	
						ADD	
2. Consulting fee or honorarium	1					×	
					and the property of the comment of the	ADD	
<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>					×	
						ADD	
<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							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
			1				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.

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.

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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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,
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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?
Yes, the follo	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. Fitterman h	as nothing to disclose.

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Harris



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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
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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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✓ No other rel	ationships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
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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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At the time of m On occasion, jou	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.
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Given Name (First Name)     J Sanford	Surname (Last Nan Schwartz	ne)		3. Date 21-January-2014
4. Are you the corresponding author?	✓ Yes No			
<ul> <li>5. Manuscript Title     Preventive Dietary and Pharm     Practice Guideline from the A</li> <li>6. Manuscript Identifying Number (if you known 13-2908</li> </ul>	American College		rent Ne <sub>l</sub>	phrolithiasis in Adults: A Clinica
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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
3ayer		<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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No other relationships/conditions/	circumstar/	ices that pr	esent a potential	conflict o	f interest
At the time of manuscript acceptance, On occasion, journals may ask authors	journals w	ill ask autho	ors to confirm and ormation about r	d, if neces	ssary, update their disclosure staten relationships.

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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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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

Partition To the second of the

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



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Timothy	irst Name)	2. Surname (Last Name) Wilt	3. Date 13-August-2014
4. Are you the cor	rresponding author?	☐ Yes  ✓ No	Corresponding Author's Name Amir Qaseem
		ent to Prevent Recurrent Ne	ephrolithiasis in Adults: A Clinical Practice Guideline from
6. Manuscript Ide M13-2908	ntifying Number (if you k	now it)	HOOK CERTIFICATION FOR THE MEASURE AND A PROPERTY OF THE PROPERTY OF THE MEASURE AND ADMINISTRATION OF THE PROPERTY OF THE PRO
Section 2.	The Work Under C	Consideration for Public	HEAVING TO COMPANY OF THE PROPERTY OF THE PROP
Did you or your in:	stitution <b>at any time</b> reco	eive payment or services from	a third party (government, commercial, private foundation, etc.) fo
any aspect of the s statistical analysis,	submitted work (includin	g but not limited to grants, dat	ta monitoring board, study design, manuscript preparation,
statistical allary sist			
Are there any rel	levant conflicts of inter	rest?	
Are there any rel	levant conflicts of inter	rest? Yes V No	
	levant conflicts of inter	rest?	
Are there any rel		rest? Yes No	ubmitted work.
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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
At the time of m On occasion, jou	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 ab below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

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#### 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 four parts.

## Identifying information.

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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 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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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.

## 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 N 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

## 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 for Publication							
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 Publication								
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.

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.

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):



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.

Hide All Table Rows Checked 'No'

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## 4. 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

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

Forciea 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Mary Ann		2. Surname (Last Name) Forciea	3. Date 06-January-2015	
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Amir Quaseem	
5. Manuscript Title Treatment of Pressure Ulcers: A Guideline from the ACP		ne from the ACP		
6. Manuscript Identifying Number (if you know it) M14-1568				
Section 2. The Work Under 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 Vo				
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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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			
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Dr. Forciea has nothing to disclose.			

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Forciea 3