

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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

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4. Intellectual Property.

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

5. Relationships not covered above.

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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

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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) _____
Monica

2. Surname (Last Name) _____
Daeges

3. Date _____
28-October-2014

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

5. Manuscript Title _____
Screening for Vitamin D Deficiency: A Systematic Review for the U.S. Preventive Services Task Force

6. Manuscript Identifying Number (if you know it) _____
M14-1659

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| AHRQ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | This report was funded under contract by AHRQ using a grant. |

Section 3. Relevant financial activities outside the submitted work.

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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

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Dr. Daeges reports grants from AHRQ, during the conduct of the study; .

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Miranda | 2. Surname (Last Name) Pappas | 3. Date 28-October-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Erin LeBlanc |
| 5. Manuscript Title Screening for Vitamin D Deficiency: A Systematic Review for the U.S. Preventive Services Task Force | | |
| 6. Manuscript Identifying Number (if you know it) M14-1659 | | |

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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Dr. Pappas 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) _____ Roger

2. Surname (Last Name) _____ Chou

3. Date _____ 27-October-2014

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

5. Manuscript Title _____
Screening for Vitamin D Deficiency: A Systematic Review for the U.S. Preventive Services Task Force

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M14-1659

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
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| Agency for Healthcare Research and Quality | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Chou reports grants from Agency for Healthcare Research and Quality, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Erin

2. Surname (Last Name)
LeBlanc

3. Date
03-November-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Screening for Vitamin D deficiency: A systematic review for the USPSTF

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| Amgen Inc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My institution received money from Amgen for a grant that I was involved in. The grant was for a study of patients on bisphosphonates and did not involve any study of vitamin D treatment. |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Bristol Meyer Squibb and Astrazeneca | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My instition received money from BMS/Astrazeneca for a grant that I was involved in. The grant was for work on diabetes management and did not involve any study of vitamin D. |

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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Dr. LeBlanc reports grants from AHRQ, during the conduct of the study; grants from Amgen Inc., grants from Bristol Meyer Squibb and Astrazeneca, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bernadette

2. Surname (Last Name) Zakher

3. Date 29-October-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name Erin LeBlanc

5. Manuscript Title Screening for Vitamin D Deficiency: A Systematic Review for the U.S. Preventive Services Task Force

6. Manuscript Identifying Number (if you know it) M14-1659

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| Agency for Healthcare Research and Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contract |

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