

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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) Thomas 2. Surname (Last Name) Imperiale 3. Date 28-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Derivation and validation of a scoring system to stratify the risk of advanced colorectal neoplasia in asymptomatic adults

6. Manuscript Identifying Number (if you know it)
M14-1720

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
National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walther Cancer Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indiana CTSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indiana Simon Cancer Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Imperiale reports grants from National Cancer Institute, grants from Walther Cancer Foundation, grants from Indiana CTSI, grants from Indiana Simon Cancer Center, during the conduct of the study; .

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) David	2. Surname (Last Name) Ransohoff	3. Date 30-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Imperiale
5. Manuscript Title Derivation and Validation		
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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ransohoff 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)
Elizabeth

2. Surname (Last Name)
Glowinski

3. Date
08-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Thomas Imperiale, MD

5. Manuscript Title
Derivation and validation of a scoring system to stratify the risk of advanced colorectal neoplasia in asymptomatic adults

6. Manuscript Identifying Number (if you know it)
M14-1720

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Ms. Glowinski 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)

Timothy

2. Surname (Last Name)

Stump

3. Date

30-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Derivation and validation of a scoring system to stratify the risk of advanced colorectal neoplasia in asymptomatic adults

6. Manuscript Identifying Number (if you know it)

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Dr. Stump has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Monahan	3. Date 06-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Imperiale
5. Manuscript Title Derivation and validation of a scoring system to stratify the risk of advanced colorectal neoplasia in asymptomatic adults		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Monahan has nothing to disclose.

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