

Instructions

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Section 1.	Identifying Inform	mation		
1. Given Name (Fii Ali	rst Name)	2. Surname (Last Name) Raja	3. Date 05-May-2015	
4. Are you the corresponding author?		✓ Yes No		

5. Manuscript Title

Evaluation of Patients with Suspected Acute Pulmonary Embolism: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M14-1772

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Jeffrey	rst Name)	2. Surname (Last Name) Greenberg	3. Date 30-April-2015
4. Are you the cor	responding author?	Yes 🖌 No Correspo	onding Author's Name
		-	actice Advice from the Clinical Guidelines
6. Manuscript Ider M14-1772	ntifying Number (if you l	(now it)	

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\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Dr. Greenberg has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Jeremiah	rst Name)	2. Surname (Last Name) Schuur	3. Date 30-April-2015
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ali Raja
		,	sm: Best Practice Advice from the Clinical Guidelines
6. Manuscript Ide M14-1772	ntifying Number (if you	know it)	

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	\checkmark	No



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Dr. Schuur has chaired the Quality and Performance Committee of the American College of Emergency Physicians in which capacity he has helped develop performance measures of appropriate use of CT for pulmonary embolism. There is no financial consequence of this work for Dr. Schuur or ACEP.

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1. Given Name (Fi Amir	rst Name)	2. Surname (Last Name) Qaseem	3. Date 12-June-2015
4. Are you the cor	responding author?	Yes 🖌 No Corresponding	Author's Name
		Acute Pulmonary Embolism: Best Practice /	Advice from the Clinical Guidelines
6. Manuscript Ider M14-1772	ntifying Number (if you l	xnow it)	

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Section 1.	Identifying Infor	mation		
 Given Name (Fin Thomas Are you the cor 	rst Name) responding author?	2. Surname (Last Name) Denberg ✓ Yes No	3. Date 22-June-2015	

5. Manuscript Title

"Evaluation of Patients with Suspected Acute Pulmonary Embolism: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

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4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name amir quaseem
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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**.

No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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bo you have any patents, whether planned, pending of issued, broadily relevant to the work: res y no	you have any patents, whether planned, pending or issued, broadly relevant to the	work? Yes	🖌 No
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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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i chair the test writing committee for the secure examination of the American Board of Internal Medicine.

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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. fitterman reports and i chair the test writing committee for the secure examination of the American Board of Internal Medicine.

Evaluation and Feedback