

#### 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.

# 1. Identifying information.

# 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".

## 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. Intellectual Property.

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

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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

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



| Section 1.                           | Identifying Infor         | mation                                 |  |
|--------------------------------------|---------------------------|--|--|
| 1. Given Name (F<br>Michael          | irst Name)                | 2. Surname (Last Name)<br>LeFevre      | 3. Date<br>06-August-2014  |
| 4. Are you the co                    | rresponding author?       | ✓ Yes No                               |  |
| 5. Manuscript Titl<br>Low-Dose Aspir |                           | on of Morbidity and Mortality From Pre | eeclampsia   |
| 6. Manuscript Ide                    | ntifying Number (if you l | xnow it)                               |  |
|                                      |                           |  |  |
| Section 2.                           | The Work Under (          | Consideration for Publication          |  |
|                                      | submitted work (includir  |  | (government, commercial, private foundation, etc.) for<br>g board, study design, manuscript preparation, |
| Are there any re                     | levant conflicts of inte  | rest? Yes 🖌 No                         |  |
|                                      |                           |  |  |
| Section 3.                           |                           | 1                                      |  |
|                                      | Relevant financia         | l activities outside the submitted     | work.  |
| Place a check in                     | the appropriate boxes     | in the table to indicate whether you h | ave financial relationships (regardless of amount  |

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 | $\checkmark$ | No |
|---|--|-----|--------------|----|
|---|--|-----|--------------|----|

# Section 4. Intellectual Property -- Patents & Copyrights

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $[$ | Yes  | $\checkmark$ | No |
|--|------|--------------|----|
|  | <br> | •            |    |



# Section 5. Relationships not covered above

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Dr. LeFevre has nothing to disclose.

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| Section 1.  | Identifying Infor       | mation                              |  |
|---|-------------------------|-------------------------------------|--|
| 1. Given Name (Fi<br>Lisa                               | rst Name)               | 2. Surname (Last Name)<br>Nicolella | 3. Date<br>10-September-2014                                 |
| 4. Are you the cor                                      | responding author?      | Yes 🖌 No                            | Corresponding Author's Name<br>LeFevre                       |
| 5. Manuscript Title<br>Low-Dose Aspiri<br>Recommendatic | n Use for the Preventi  | on of Morbidity and Mort            | ality From Preeclampsia: U.S. Preventive Services Task Force |
| 6. Manuscript Ider<br>m14-1884                          | ntifying 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.)?

🖌 No

| Are there any relevant conflicts of interest? |  | Yes |
|---|--|-----|
|---|--|-----|

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

5.



| Section 1.   | Identifying Inform   | mation   |   |
|--|--|--|---|
| 1. Given Name (I<br>Linda  | First Name)  | 2. Surname (Last Name)<br>Baumann  | 3. Date<br>08-August-2014   |
| 4. Are you the co  | orresponding author?   | Yes 🖌 No   | Corresponding Author's Name<br>Michael LeFevre  |
| 5. Manuscript Tit<br>Low-Dose Aspir  |  | on of Morbidity and Mortal   | ity From Preeclampsia   |
| 6. Manuscript Ide  | entifying Number (if you k   | (now it)   |   |
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| Section 2.   | The Work Under C   | Consideration for Public   | cation  |
| any aspect of the statistical analysis   | submitted work (includin   | g but not limited to grants, da  | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,  |
|  | elevant conflicts of inter   | rest?Yes 🖌 No  |   |
|  |  | l activities outside the s   | ubmitted work.  |
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# CME MERICAL INFORMATION

# CMJE Form for Disclosure of Patential Conflicts of Interest.

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| Section 1. Identifying Info  | rmation  |   |
|--|--|---|
| 1. Given Name (First Name)<br>Kristin  | 2. Surname (Last Name)<br>Bibbins-Domingo  | 3. Date<br>08-August-2014   |
| . Are you the corresponding author?  | Yes Vo Corresponding<br>Michael LeFev  | g Author's Name<br>vre  |
| Manuscript Title<br>ow-Dose Aspirin Use for the Preven   | tion of Morbidity and Mortality From Preecla   | ampsia  |
| Manuscript Identifying Number (if you  | know it)   |   |
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| Section 2. The Work Under  | Consideration for Publication  | the shirt of hear of the light and  |
| aspect of the submitted work (includi<br>atistical analysis, etc.)?<br>re there any relevant conflicts of inte   | ceive payment or services from a third party (gov<br>ing but not limited to grants, data monitoring boa<br>erest? Yes Y No   | ard, study design, manuscript preparation, etc  |
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| Section 3. Relevant financia   | al activities outside the submitted wor  | rk.   |
| ace a check in the appropriate boxe<br>compensation) with entities as des<br>icking the "Add +" box. You should b  | is in the table to indicate whether you have f<br>cribed in the instructions. Use one line for ea<br>report relationships that were <b>present durin</b>                           | financial relationships (regardless of amou<br>ach entity; add as many lines as you need  |
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Dr. Bibbins-Domingo has nothing to disclose.

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| 1. Given Name (First Name)<br>Susan  | 2. Surname (Last Name)<br>Curry              | 3. Date<br>08-August-2014  |
| 4. Are you the corresponding author?   | Yes 🖌 No                                     | Corresponding Author's Name<br>Michael LeFevre   |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the Prevention   | on of Morbidity and Mortali                  | ty From Preeclampsia   |
| 6. Manuscript Identifying Number (if you k   | now it)                                      |  |
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# ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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| 4. Are you the corresponding author  |  | onding Author's Name  |
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| Section 1. Identifying Info  | ormation   |   |
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| 1. Given Name (First Name)<br>Francisco  | 2. Surname (Last Name)<br>Garcia                                 | 3. Date<br>08-August-2014   |
| 4. Are you the corresponding author?   | Yes 🖌 No   | Corresponding Author's Name<br>Michael LeFevre  |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the Preven   | tion of Morbidity and Mortal                                     | ity From Preeclampsia   |
| 6. Manuscript Identifying Number (if you   | u know it)   |   |
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| Section 2. The Work Under  | Consideration for Public   | cation  |
| Did you or your institution <b>at any time</b> re<br>any aspect of the submitted work (includ<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of int | ing but not limited to grants, da                                | a third party (government, commercial, private foundation, etc.) fo<br>ta monitoring board, study design, manuscript preparation,   |
| Section 3. Relevant financi  | al activities outside the s                                      | ubmitted work.  |
| of compensation) with entities as des  | scribed in the instructions. Us<br>report relationships that wer | ether you have financial relationships (regardless of amount<br>se one line for each entity; add as many lines as you need by<br>e <b>present during the 36 months prior to publication</b> . |
| Section 4. Intellectual Prop   | oerty Patents & Copyrig  | jhts  |
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| Do you have any patents, whether pl  | anned, pending or issued, br                                     | oadly relevant to the work? 🗌 Yes 🖌 No  |
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Dr. Garcia has nothing to disclose.

Section 5.

#### **Evaluation and Feedback**

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|--|---|--|
| 1. Given Name (First Name)<br>Matthew  | 2. Surname (Last Name)<br>Gillman   | 3. Date<br>07-August-2014  |
| 4. Are you the corresponding auth  | hor? Yes 🖌 No Correspo<br>Michael   | nding Author's Name<br>LeFevre   |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the P  | Prevention of Morbidity and Mortality From Pr   | eeclampsia   |
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Dr. Davidson reports non-financial support from Partnership for Prevention, outside the submitted work; .Dr. Gillman reports non-financial support from Partnership for Prevention, outside the submitted work; .

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| Section 1. Identifying Information   |                                     |   |
|--|-------------------------------------|---|
| 1. Given Name (First Name)<br>Jessica  | 2. Surname (Last Name)<br>Herzstein | 3. Date<br>08-August-2014   |
| 4. Are you the corresponding author?   | Yes 🖌 No                            | Corresponding Author's Name<br>Michael LeFevre  |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the Preven   | tion of Morbidity and Mortal        | ity From Preeclampsia   |
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| Section 1. Identifying Infor  | mation   |  |
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| 1. Given Name (First Name)<br>ALEX  | 2. Surname (Last Name)<br>KEMPER   | 3. Date<br>06-August-2014  |
| 4. Are you the corresponding author?  | Yes Vo Correspondi<br>LeFevre  | ng Author's Name   |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the Preventi  | on of Morbidity and Mortality From Pree  | clampsia   |
| 6. Manuscript Identifying Number (if you l  | know it)   |  |
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Dr. KEMPER has nothing to disclose.

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5.



| I.Given Name (First Name)<br>Ann  | 2. Surname (Last Name)<br>Kurth  | 3. Date<br>07-August-2014  |
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| 4. Are you the corresponding aut  | nor? Yes 🖌 No Correspon<br>Michael L   | ding Author's Name<br>eFevre   |
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Dr. Kurth reports non-financial support from Partnership for Prevention, outside the submitted work; .

#### **Evaluation and Feedback**

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| Section 1. Identifying Inf  | ormation  |  |
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| 1. Given Name (First Name)<br>Michael   | 2. Surname (Last Name)<br>LeFevre   | 3. Date<br>06-August-2014  |
| 4. Are you the corresponding author?  | ✓ Yes No  |  |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the Preve   | ntion of Morbidity and Mortality From Pre   | eclampsia  |
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Section 6.

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Dr. LeFevre has nothing to disclose.

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# ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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| 1. Given Name (First Name)       2. Surname (Last Name)       3. Date         William       PHILLIPS       08-August-2014         4. Are you the corresponding author?       Yes       No       Corresponding Author's Name         LeFevre       5.       Manuscript Title       Evere         Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia       6.         6. Manuscript Identifying Number (if you know it)   |                    |
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Dr. PHILLIPS has nothing to disclose.

#### **Evaluation and Feedback**

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# ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

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

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| Section 1. Identifying Infor  | mation   |   |
|---|--|---|
| 1. Given Name (First Name)<br>Maureen   | 2. Surname (Last Name)<br>Phipps   | 3. Date<br>07-August-2014   |
| 4. Are you the corresponding author?  | Yes 🖌 No Correspondi   | ing Author's Name   |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the Prevent   | ion of Morbidity and Mortality From Preed  | clampsia  |
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Dr. Pignone reports non-financial support from Partnership for Prevention, outside the submitted work.

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#### 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".

#### 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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

#### 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

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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 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

5.



| Section 1. Identifying Info  | prmation   |  |
|--|--|--|
| 1. Given Name (First Name)<br>Albert   | 2. Surname (Last Name)<br>Siu  | 3. Date<br>08-August-2014  |
| 4. Are you the corresponding author?   | Yes 🖌 No   | Corresponding Author's Name<br>Michael LeFevre   |
| 5. Manuscript Title<br>Low-Dose Aspirin Use for the Preven   | tion of Morbidity and Mortal   | lity From Preeclampsia   |
| 6. Manuscript Identifying Number (if you   | u know it)   |  |
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| Section 2. The Work Under  | Consideration for Public   | cation   |
| inv aspect of the submitted work (includ   | ling but not limited to grants, da   | a third party (government, commercial, private foundation, etc.) fo<br>ata monitoring board, study design, manuscript preparation,   |
| tatistical analysis, etc.)?  |  |  |
| statistical analysis, etc.)?<br>Are there any relevant conflicts of int  |  | submitted work.  |
| tatistical analysis, etc.)?         Are there any relevant conflicts of int         Section 3.         Relevant financi         Place a check in the appropriate boxe         of compensation) with entities as des         licking the "Add +" box. You should         are there any relevant conflicts of int  | erest? Yes No<br>al activities outside the s<br>es in the table to indicate who<br>scribed in the instructions. Us<br>report relationships that wer                  | ether you have financial relationships (regardless of amount   |
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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?

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.

Dr. Siu has nothing to disclose.

#### **Evaluation and Feedback**

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### CMUE Form for Disclosure of Potential Conflicts of Interest

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