

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



Section 1.	Identifying Infor	mation	
1. Given Name (F Michael	irst Name)	2. Surname (Last Name) LeFevre	3. Date 06-August-2014
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl 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	
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Are there any re	levant conflicts of inte	rest? Yes 🖌 No	
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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $[$	Yes	\checkmark	No
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Dr. LeFevre has nothing to disclose.

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4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name LeFevre
5. Manuscript Title Low-Dose Aspiri Recommendatic	n Use for the Preventi	on of Morbidity and Mort	ality From Preeclampsia: U.S. Preventive Services Task Force
6. Manuscript Ider 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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1. Given Name (I Linda	First Name)	2. Surname (Last Name) Baumann	3. Date 08-August-2014
4. Are you the co	orresponding author?	Yes 🖌 No	Corresponding Author's Name Michael LeFevre
5. Manuscript Tit 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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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 ta monitoring board, study design, manuscript preparation,
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CME MERICAL INFORMATION

CMJE Form for Disclosure of Patential Conflicts of Interest.

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1. Given Name (First Name) Kristin	2. Surname (Last Name) Bibbins-Domingo	3. Date 08-August-2014
. Are you the corresponding author?	Yes Vo Corresponding Michael LeFev	g Author's Name vre
Manuscript Title 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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1. Given Name (First Name) Susan	2. Surname (Last Name) Curry	3. Date 08-August-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title 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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1. Given Name (First Name) Karina	2. Surname (Last Name) Davidson	3. Date 07-August-2014
4. Are you the corresponding author		onding Author's Name
5. Manuscript Title Low-Dose Aspirin Use for the Prev	rention of Morbidity and Mortality From P	reeclampsia
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Dr. Davidson reports non-financial support from Partnership for Prevention, outside the submitted work; .

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	g Information	
1. Given Name (First Name) Matthew	2. Surname (Last Name) Gillman	3. Date 07-August-2014
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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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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Information		
1. Given Name (First Name) Jessica	2. Surname (Last Name) Herzstein	3. Date 08-August-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title Low-Dose Aspirin Use for the Preven	tion of Morbidity and Mortal	ity From Preeclampsia
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Dr. Herzstein has nothing to disclose.

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4. Are you the corresponding author?	Yes Vo Correspondi LeFevre	ng Author's Name
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Dr. KEMPER has nothing to disclose.

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



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1. Given Name (First Name) Michael	2. Surname (Last Name) LeFevre	3. Date 06-August-2014
4. Are you the corresponding author?	✓ Yes No	
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Dr. LeFevre has nothing to disclose.

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Section 6. Disclosure Statement

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Dr. Pignone reports non-financial support from Partnership for Prevention, outside the submitted work.

Evaluation and Feedback

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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 six parts.

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Dr. Siu has nothing to disclose.

Evaluation and Feedback

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