

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
LeFevre

3. Date
21-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. LeFevre has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Linda

2. Surname (Last Name)

Baumann

3. Date

17-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mike Lefevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Kristen

2. Surname (Last Name)

Bibbins-Domingo

3. Date

21-August-2014

4. Are you the corresponding author?

 Yes

 No

Corresponding Author's Name

Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Dr. Bibbins-Domingo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Curry

3. Date
21-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Karina

2. Surname (Last Name)

Davidson

3. Date

21-August-2014

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Yes No

Corresponding Author's Name

Michal LeFevre

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Michal LeFevre

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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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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. Ebell has nothing to disclose.

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



ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Francisco

2. Surname (Last Name)

Garcia

3. Date

18-August-2014

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

[Faint background text from the reverse side of the page is visible here.]

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No



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No conflicts to develop
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Matthew

2. Surname (Last Name)

Gillman

3. Date

21-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gillman has nothing to disclose.

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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)

Jessica

2. Surname (Last Name)

Herzstein

3. Date

21-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Herzstein 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)
Alex

2. Surname (Last Name)
Kemper

3. Date
19-August-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
LeFevre

5. Manuscript Title
Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Ann

2. Surname (Last Name)
Kurth

3. Date
21-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

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Dr. Kurth 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) Michael
 2. Surname (Last Name) LeFevre
 3. Date 21-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

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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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. LeFevre 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) 2. Surname (Last Name) 3. Date
 Douglas Owens 18-August-2014

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

5. Manuscript Title
 Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	from uspstf/ahrq

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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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Section 6. Disclosure Statement

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Dr. Owens reports non-financial support from travel, 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)

William

2. Surname (Last Name)

Phillips

3. Date

21-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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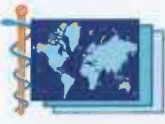
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Dr. Phillips has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maureen 2. Surname (Last Name) Phipps 3. Date 18-August-2014

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

5. Manuscript Title
Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

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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Dr. Phipps has nothing to disclose.

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Dr. Pignone 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)

Albert

2. Surname (Last Name)

Siu

3. Date

21-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

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