

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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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
22-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Screening for Chlamydia and Gonorrhea

6. Manuscript Identifying Number (if you know it)

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Dr. LeFevre has nothing to disclose.

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1. Given Name (First Name) Linda	2. Surname (Last Name) Baumann	3. Date 22-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
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1. Given Name (First Name) Kristen	2. Surname (Last Name) Bibbins-Domingo	3. Date 22-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
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1. Given Name (First Name) Susan	2. Surname (Last Name) Curry	3. Date 22-August-2014
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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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ICMJE 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

22-August-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Chlamydia and Gonorrhea

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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 25-August-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name Michael Lefevre

5. Manuscript Title Screening for Chlamydia and Gonorrhea

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Up to Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties for chapter on Dietary Fat
Cambridge University Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties for co-edited book, Maternal Obesity

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. Gillman reports royalties from Up to Date and Cambridge University Press, outside the submitted work; .

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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 22-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
6. Manuscript Identifying Number (if you know it)		

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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 22-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kemper 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) Ann	2. Surname (Last Name) Kurth	3. Date 25-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
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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
22-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Screening for Chlamydia and Gonorrhea

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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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)
Douglas

2. Surname (Last Name)
Owens

3. Date
22-August-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael LeFevre

5. Manuscript Title
Screening for Chlamydia and Gonorrhea

6. Manuscript Identifying Number (if you know it)

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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 31-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
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. 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 25-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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)
Pignone

3. Date
25-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

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

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1. Given Name (First Name) Albert	2. Surname (Last Name) Siu	3. Date 22-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael LeFevre
5. Manuscript Title Screening for Chlamydia and Gonorrhea		
6. Manuscript Identifying Number (if you know it)		

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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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