

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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) Thomas	2. Surname (Last Name) Tape	3. Date 31-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Russell P. Harris, MD, MPH
5. Manuscript Title A Value Framework for Cancer Screening: Advice for High Value Care from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-2327		

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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

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Section 1. Identifying Information

1. Given Name (First Name)
carrie

2. Surname (Last Name)
horwitch

3. Date
31-March-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Value Framework for Cancer Screening: Advise from High Value Task Force of ACP

6. Manuscript Identifying Number (if you know it)
M14-2327

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Dr. horwitch has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jeff	2. Surname (Last Name) Wiese	3. Date 01-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Unknown
5. Manuscript Title A Value Framework for Cancer Screening: Advice from the High Value Task Force of ACP		
6. Manuscript Identifying Number (if you know it) M14-2327		

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Section 1. Identifying Information

1. Given Name (First Name)
Darilyn

2. Surname (Last Name)
Moyer

3. Date
01-April-2015

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

5. Manuscript Title
A Value Framework for Cancer Screening: _____

6. Manuscript Identifying Number (if you know it)
M14-2327

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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
Elected Chair, American College of Physicians Board of Governors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Moyer reports personal fees from Elected Chair, American College of Physicians Board of Governors, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) sanjay	2. Surname (Last Name) desai	3. Date 02-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title A Value Framework for Cancer Screening: Advice from the High Value Task Force of		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lawrence	2. Surname (Last Name) Feinberg	3. Date 06-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Harris
5. Manuscript Title A Value Framework for Cancer Screening: Advice from the High Value Task Force of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-2327		

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

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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Section 6. Disclosure Statement

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Dr. Feinberg 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) Robert	2. Surname (Last Name) McLean	3. Date 13-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name uncertain
5. Manuscript Title Cardiac screening with electrocardiogram, stress echocardiography, or myocardial perfusion imaging: High Value Care Advice from the High Value Care Task Force* of the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) unknown		

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

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Dr. McLean 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)

Linda

2. Surname (Last Name)

Humphrey

3. Date

06-April-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

A Value Framework for Cancer Screening

6. Manuscript Identifying Number (if you know it)

m14-2327

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Humphrey 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) Tanveer	2. Surname (Last Name) Mir	3. Date 03-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) M14-2327		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Mir 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) John	2. Surname (Last Name) Biebelhausen	3. Date 05-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Russell P. Harris, MD, MPH
5. Manuscript Title A Value Framework for Cancer Screening: Advice for High Value Care from the American College of Physicians		
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. Biebelhausen 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) kelley	2. Surname (Last Name) Skeff	3. Date 08-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name task force
5. Manuscript Title A Value Framework for Cancer Screening: Advice from the High Value Task Force of		
6. Manuscript Identifying Number (if you know it) M14-2327		

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4. Intellectual Property.

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

5. Relationships not covered above.

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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) _____ Russell

2. Surname (Last Name) _____ Harris

3. Date _____ 10-March-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Value Framework for Cancer Screening: Advice for High Value Care from the ACP

6. Manuscript Identifying Number (if you know it)
M14-2327

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

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
American College of Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Received about \$2400 for writing the article

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

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Dr. Harris is a member of the ACP Clinical Guidelines Committee.

Evaluation and Feedback

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Instructions

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1. Identifying information.

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) Timothy	2. Surname (Last Name) Wilt	3. Date 10-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qaseem
5. Manuscript Title A Value Framework for Cancer Screening: Advice from the High Value Task Force of		
6. Manuscript Identifying Number (if you know it) M14-2327		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amir	2. Surname (Last Name) Qaseem	3. Date 18-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title A Value Framework for Cancer Screening: Advice from the High Value Task Force of		
6. Manuscript Identifying Number (if you know it) M14-2327		

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