

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Shalini

2. Surname (Last Name) Kulasingam

3. Date 18-March-2015

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

5. Manuscript Title Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it) M14-2426

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Kulasingam reports personal fees from American College of Physicians, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
George

2. Surname (Last Name)
Sawaya

3. Date
06-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cervical Cancer Screening in Average-Risk Women: Best Practice Advice From the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M14-2426

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American College of Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commissioned manuscript by ACP

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Dr. Sawaya was commissioned by the American College of Physicians to write this manuscript and received an honorarium.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) apostolos 2. Surname (Last Name) dallas 3. Date 16-April-2015

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

5. Manuscript Title
Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ortho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
sanofi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
glaxo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock

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Dr. dallas reports other from ortho, other from sanofi, other from merck, other from pfizer, other from glaxo, 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)

Devan

2. Surname (Last Name)

Kansagara

3. Date

08-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Amir Qaseem

5. Manuscript Title

Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

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Dr. Kansagara has nothing to disclose.

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INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name) *Donna* 2. Surname (Last Name) *Smolin* 3. Date *4/8/2015*
4. Are you the corresponding author? Yes No
5. Manuscript Title *Carved Amel Swearing in Artery Risk Women's Best -*
6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Holger

2. Surname (Last Name)
Schunemann

3. Date
08-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

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

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

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I have played a critical role in the World Health Organization cervical cancer screening and treatment guidelines for low and middle income countries.

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Section 6. Disclosure Statement

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Dr. Schunemann reports and I have played a critical role in the World Health Organization cervical cancer screening and treatment guidelines for low and middle income countries..

Evaluation and Feedback

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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)

linda

2. Surname (Last Name)

humphrey

3. Date

08-April-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. humphrey has nothing to disclose.

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) Mary Ann 2. Surname (Last Name) FORCIEA MD 3. Date 4/13/15

4. Are you the corresponding author? Yes No

5. Manuscript Title Cervical cancer screening in average risk women

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

Section 2. The Work Under Consideration for Publication

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Other: Anything not covered under the previous three boxes

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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) Michael	2. Surname (Last Name) Barry	3. Date 12-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians		
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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Informed Medical Decisions Foundation/ Healthwise	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am president of the Informed Medical Decisions Foundation, a division of Healthwise, Inc. Healthwise is a nonprofit organization that develops and licenses patient education and decision support materials. I am an employee and Chief Science Officer at Healthwise. Prior to December 31, 2013, the Foundation had a research and royalty agreement with Health Dialog, with which it coproduced patient decision aids. Both the Foundation and Healthwise have provided grants to Massachusetts General Hospital to support my non-product-related research.
Massachusetts General Hospital/Harvard Medical School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am employed as a primary care physician at Massachusetts General Hospital. I am a Professor of Medicine, Part-time, at Harvard Medical School

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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?

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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. Barry reports grants, personal fees and non-financial support from Informed Medical Decisions Foundation/Healthwise, personal fees and non-financial support from Massachusetts General Hospital/Harvard Medical School, outside the submitted work; .

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)
Molly

2. Surname (Last Name)
Cooke

3. Date
09-April-2015

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

5. Manuscript Title
Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

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Dr. Cooke 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) nick	2. Surname (Last Name) fitterman	3. Date 15-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians		
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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Dr. fitterman 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)
Robert

2. Surname (Last Name)
McLean

3. Date
10-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George Sawaya

5. Manuscript Title

Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the ACP

6. Manuscript Identifying Number (if you know it)

uncertain

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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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) Roger	2. Surname (Last Name) Chou	3. Date 15-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians,		
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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Section 6. Disclosure Statement

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Dr. Chou 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) Russell	2. Surname (Last Name) Harris	3. Date 08-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Screening for Cervical Cancer		
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.)?

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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None

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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?

Yes

No

Corresponding Author's Name

Amir Qaseem MD,PhD

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

M14-2327

Section 2. The Work Under Consideration for Publication

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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)
Timothy

2. Surname (Last Name)
Wilt

3. Date
09-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qaseem

5. Manuscript Title
Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

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) Paul 2. Surname (Last Name) Shekelle 3. Date 24-April-2015

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

5. Manuscript Title
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ECRI Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Guidelines Clearinghouse

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
UpToDate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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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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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.

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1. Given Name (First Name)

Amir

2. Surname (Last Name)

Qaseem

3. Date

13-August-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M14-2426

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Denberg	3. Date 10-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Sawaya
5. Manuscript Title Cervical Cancer Screening in Average Risk Women: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-2426		

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Dr. Denberg has nothing to disclose.

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