

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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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)

Baumann

3. Date

20-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Mike LaFevre

5. Manuscript Title

Vitamin D Screening

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

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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

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Kirsten

2. Surname (Last Name)

Bibbins-Domingo

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency

6. Manuscript Identifying Number (if you know it)

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Dr. Bibbins-Domingo 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)

Susan

2. Surname (Last Name)

Curry

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency

6. Manuscript Identifying Number (if you know it)

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Dr. Curry 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)

Karina

2. Surname (Last Name)

Davidson

3. Date

20-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency in Adults: U.S. Preventive Services Task Force Draft Recommendation Statement

6. Manuscript Identifying Number (if you know it)

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☐ Yes

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Dr. Davidson has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### Identifying Information

1. Given Name (First Name)

Mark

2. Surname (Last Name)

Ebell

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Ebell has nothing to disclose.

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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.

Use this section to report 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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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)

Francisco

2. Surname (Last Name)

Garcia

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency

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

### 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. Garcia 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)

Matthew

2. Surname (Last Name)

Gillman

3. Date

23-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Lefevre

5. Manuscript Title

Screening for Vitamin D Deficiency

6. Manuscript Identifying Number (if you know it)

### Section 2.

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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

If yes, please fill out the appropriate information below.

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

### 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 Cambridge University Press and UpToDate, 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)

Herztein

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency

6. Manuscript Identifying Number (if you know it)

### Section 2.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☐ 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. Herztein has nothing to disclose.

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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)

Alex

2. Surname (Last Name)

Kemper

3. Date

20-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

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.

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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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Dr. Kemper 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)  
Ann

2. Surname (Last Name)  
Kurth

3. Date  
16-October-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michael LeFevre

5. Manuscript Title  
Screening for Vitamin D Deficiency

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. Kurth has nothing to disclose.

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**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

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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)

LeFevre

3. Date

30-October-2014

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Screening for Vitamin D Deficiency

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

### 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

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Dr. LeFevre 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)

Douglas

2. Surname (Last Name)

Owens

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency

6. Manuscript Identifying Number (if you know it)

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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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Dr. Owens 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)

William

2. Surname (Last Name)

Phillips

3. Date

15-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lefevre

5. Manuscript Title

Screening for Vitamin D Deficiency

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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☐ Yes

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☒ 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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MEDICAL JOURNAL EDITORS

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### Section 5.

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none

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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)

Maureen

2. Surname (Last Name)

Phipps

3. Date

15-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency

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

### Section 3.

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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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Dr. Phipps 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)

Michael

2. Surname (Last Name)

Pignone

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Screening for Vitamin D Deficiency

6. Manuscript Identifying Number (if you know it)

### Section 2.

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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. 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)

AI

2. Surname (Last Name)

Siu

3. Date

16-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael LeFevre

5. Manuscript Title

Screening for Vitamin D Deficiency

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

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☒ No

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#### Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No



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### 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. Siu has nothing to disclose.

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