

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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".

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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) Bernadette

2. Surname (Last Name) Zakher

3. Date 03-April-2015

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

5. Manuscript Title Imaging Techniques for the Diagnosis of Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it) M14-2509

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agency for Healthcare Research and Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract

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Dr. Zakher reports other from Agency for Healthcare Research and Quality, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sean

2. Surname (Last Name)
Sullivan

3. Date
19-February-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Roger Chou

5. Manuscript Title
Imaging Techniques for the Diagnosis of Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

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) Carlos 2. Surname (Last Name) Cuevas 3. Date 20-February-2015

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

5. Manuscript Title
Imaging Techniques for the Diagnosis of Hepatocellular Carcinoma: A Systematic Review

6. Manuscript Identifying Number (if you know it)
M14-2509

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Agency for Healthcare Research and Quality (Contract Number 290-2007-10057-I, Task Order 8), Rockville, Maryland.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH R21: Minimally Invasive Ablative Therapies for Pancreatic Mucinous Cystic Neoplasms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI. 2013-2015

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Beth

2. Surname (Last Name)
Devine

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Roger Chou

5. Manuscript Title

Imaging Techniques for the Diagnosis of Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

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Dr. Devine has nothing to disclose.

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Roger

2. Surname (Last Name)
Chou

3. Date
25-February-2015

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5. Manuscript Title
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1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Ginsburg

3. Date
02-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Roger Chou, MD

5. Manuscript Title
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Section 6. Disclosure Statement

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Mr. Ginsburg has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

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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) Miranda	2. Surname (Last Name) Pappas	3. Date 19-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roger Chou
5. Manuscript Title Imaging Techniques for the Diagnosis of Hepatocellular Carcinoma: A Systematic Review and Meta-analysis		
6. Manuscript Identifying Number (if you know it) M14-2509		

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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Dr. Pappas 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) Ngoc	2. Surname (Last Name) Wasson	3. Date 20-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roger Chou
5. Manuscript Title Imaging Techniques for the Diagnosis of Hepatocellular Carcinoma: A Systematic Review and Meta-analysis		
6. Manuscript Identifying Number (if you know it) M14-2509		

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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Dr. Wasson 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)
Elaine

2. Surname (Last Name)
Graham

3. Date
23-February-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Roger Chou, MD

5. Manuscript Title
Imaging Techniques for the Diagnosis of Hepatocellular Carcinoma: A Systematic Review and Meta-analysis

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. 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
U.S. Agency for Healthcare Research and Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funding from a task order contract issued under the Evidence-based Practice Centers IV Program.

Section 3. Relevant financial activities outside the submitted work.

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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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Ms. Graham reports other from U.S. Agency for Healthcare Research and Quality, during the conduct of the study.

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1. Given Name (First Name) Rongwei 2. Surname (Last Name) Fu 3. Date 23-February-2015

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

5. Manuscript Title
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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. 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
Oregon Health & Science University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Task order contract under the Evidence-based Practice Centers IV Program

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Dr. Fu reports other from Oregon Health & Science University, during the conduct of the study; .

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