



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

**Section 1. Identifying Information.**

Given Name:  
(or first)

Knsi ~~De Sapri~~

Surname:  
(or last)

Tough De Sapri

Effective Date:

4/25/2014

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Manuscript Title:

Perimeno pause: In the Clinic

Manuscript Identifying Number (if you know it):

**Section 2. Information about the support of the work under consideration for publication.**

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

**Section 3. Information about relevant financial relationships outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amgen for providing bone/OP 11/2013	medical opinion	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
					ACP for faculty speaker 4/2014	Add +
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +



## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

- No other relationships/conditions/circumstances that present potential conflict of interest  
 Yes, the following relationships/conditions/circumstances are present (explain below):

### Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

- No relevant nonfinancial relationships/conditions/circumstances to report.  
 Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 1. Identifying Information.

Given Name:  
(or first)

Megan

Surname:  
(or last)

McNamara

Effective Date:

5/30/14

Are you the corresponding author?  Yes  No

Format example: 07-August-2008

Manuscript Title:

In The Clinic: Perimenopause

Manuscript Identifying Number (if you know it):

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						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
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Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACP	Reimbursed for travel to ACP 2014	Del ×
						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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**Section 1. Identifying Information.**

Given Name:  
(or first)

PELIN

Surname:  
(or last)

BATUR

Effective Date:

30~~th~~-April-2014

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Manuscript Title:

Perimenopause

Manuscript Identifying Number (if you know it):

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No

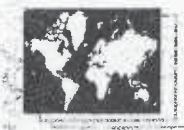
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						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del X
						Add +



**ICMJE**

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

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						Add +
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						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
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						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
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						Add +
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