

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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".

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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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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)
Maureen

2. Surname (Last Name)
Kelley

3. Date
13-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mildred Cho

5. Manuscript Title
Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey

6. Manuscript Identifying Number (if you know it)
M15-0166

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kelley 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) Mildred	2. Surname (Last Name) Cho	3. Date 13-March-2015
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
6. Manuscript Identifying Number (if you know it) M15-0166		

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

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Dr. Cho reports grants from NIH, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Benjamin	2. Surname (Last Name) Wilfond	3. Date 13-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cho
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
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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
National Center for Advancing Translational Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wilfond reports grants from National Center for Advancing Translational Sciences, during the conduct of the study; .

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1. Given Name (First Name) Douglas	2. Surname (Last Name) Diekema	3. Date 13-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mildred Cho
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
6. Manuscript Identifying Number (if you know it) m15-0166		

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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
National Institutes of Health, National Center for Advancing Translational Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Diekema reports grants from National Institutes of Health, National Center for Advancing Translational Sciences, during the conduct of the study; .

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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Joffe	3. Effective Date (07-August-2008) 14-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mildred Cho, PhD
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
2. Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Washington	grant from National Center for Advancing Translational Sciences, National Institutes of Health, to U. of Washington	X
						ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Washington	grant from National Center for Advancing Translational Sciences, National Institutes of Health, to U. of Washington	X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genzyme Corp.	Data Monitoring Committee, ended 11/2012	X
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4.

Other relationships

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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Show All Table Rows

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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) Stephanie	2. Surname (Last Name) Alessi	3. Date 13-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mildred K. Cho
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
6. Manuscript Identifying Number (if you know it) M15-0166		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Alessi reports grants from NIH/NCATS, during the conduct of the study; .

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) Alexander	2. Surname (Last Name) Capron	3. Date 15-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
6. Manuscript Identifying Number (if you know it) M15-0166		

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

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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.

Prof. Capron 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) Diane	2. Surname (Last Name) Korngiebel	3. Date 16-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mildred Cho
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
6. Manuscript Identifying Number (if you know it) M15-0166		

Section 2. The Work Under Consideration for Publication

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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
National Center for Advancing Translational Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is the center that funded my FTE to work on the project that generated this paper. I don't believe there is a relevant COI, but the instructions to question 2 asked you to check "yes" if you received a grant.

Section 3. Relevant financial activities 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 entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Korngiebel reports grants from National Center for Advancing Translational Sciences, 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) Melissa	2. Surname (Last Name) Constantine	3. Date 17-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mildred K. Cho
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
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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
University of Washington	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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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I received consultant fees from the University of Washington for data management, analysis and methods consultation, as well as travel reimbursement for a team meeting in Seattle, WA.

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)

Ellen

2. Surname (Last Name)

Kuwana

3. Date

20-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Mildred Cho

5. Manuscript Title

"Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey"

6. Manuscript Identifying Number (if you know it)

M15-0166

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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Ms. Kuwana has nothing to disclose.

Evaluation and Feedback

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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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1. Given Name (First Name) Cyan	2. Surname (Last Name) James	3. Date 20-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cho
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
6. Manuscript Identifying Number (if you know it) m15-0166		

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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

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. James has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Magnus	3. Date 13-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mildred Cho
5. Manuscript Title Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey		
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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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)
Sandra

2. Surname (Last Name)
Lee

3. Date
13-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mildred Cho

5. Manuscript Title
Attitudes toward Risk and Informed Consent for Research on Medical Practices: A Cross-Sectional Survey

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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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mildred Cho
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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIH	Grant from NCATS	X ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
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* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4.

Other relationships

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