

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)
Christine

2. Surname (Last Name)
Hunter

3. Date
14-June-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
ACP Policy Paper

5. Manuscript Title
ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices"

6. Manuscript Identifying Number (if you know it)

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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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Section 4. Intellectual Property -- Patents & Copyrights

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My input to the manuscript reflects my own views and not those of the United States Office of Personnel Management where I am employed as the Chief Medical Officer

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Dr. Hunter reports, "My input to the manuscript reflects my own views and not those of the United States Office of Personnel Management where I am employed as the Chief Medical Officer".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eileen	2. Surname (Last Name) Barrett	3. Date 14-June-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name _____
5. Manuscript Title ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices		
6. Manuscript Identifying Number (if you know it) M15-0366		

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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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Dr. Barrett 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) Jacqueline	2. Surname (Last Name) Fincher	3. Date 15-August-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Principles of Supporting Dynamic Clinical Care Teams		
6. Manuscript Identifying Number (if you know it) M13-1819		

Section 2. The Work Under Consideration for Publication

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Dr. Fincher 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) John	2. Surname (Last Name) O'Neill	3. Date 04-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name uncertain at this time
5. Manuscript Title ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices		
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Dr. O'Neill has nothing to disclose.

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1. Given Name (First Name)
Moises

2. Surname (Last Name)
Auron

3. Date
04-June-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Hilary Daniel

5. Manuscript Title
ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices

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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)
Nitin

2. Surname (Last Name)
Damle

3. Date
04-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices"

6. Manuscript Identifying Number (if you know it)
M15-0366

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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Section 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) Michael	2. Surname (Last Name) Mignoli	3. Date 05-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Dogherty
5. Manuscript Title ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices		
6. Manuscript Identifying Number (if you know it) M15-0366		

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Fatima

2. Surname (Last Name)
Syed

3. Date
07-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices

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)

Alice

2. Surname (Last Name)

Fuisz

3. Date

08-June-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices

6. Manuscript Identifying Number (if you know it)

M15-0366

Section 2. The Work Under Consideration for Publication

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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 am a Managing Partner of a small private practice group. We are a direct pay practice, not participating in Medicare or other insurance products.

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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
13-January-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
uncertain

5. Manuscript Title

Cardiac screening with electrocardiogram, stress echocardiography, or myocardial perfusion imaging: High Value Care Advice from the High Value Care Task Force* of the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

unknown

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Dr. McLean 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)

Charles

2. Surname (Last Name)

Soppet

3. Date

08-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Unknown

5. Manuscript Title

American College of Physicians Policy Paper on Direct Contracting Practices

6. Manuscript Identifying Number (if you know it)

Unknown

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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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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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)

MARK

2. Surname (Last Name)

TSCHANZ

3. Date

12-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

UNKNOWN

5. Manuscript Title

ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices

6. Manuscript Identifying Number (if you know it)

M15-0366

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.

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

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. TSCHANZ has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
michael

2. Surname (Last Name)
leahy

3. Date
16-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title

ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting
ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Julie

2. Surname (Last Name)

Blehm

3. Date

17-June-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

M15-0366

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. Blehm has nothing to disclose.

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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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert
2. Surname (Last Name)
Doherty
3. Effective Date (07-August-2008)
05-July-2012
4. Are you the corresponding author? Yes No
5. Manuscript Title
Principles Supporting Dynamic Clinical Care Teams
6. Manuscript Identifying Number (if you know it)
M13-1819

Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

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

** Use this section to provide any needed explanation.

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	American College of Physicians		X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jefferson Hospital, Philadelphia, PA Department of Medicine retreat	Honoraria (pending)	X
						ADD

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	URAC	Non-profit accreditation organization. No compensation received for my board membership but travel expenses to attend URAC board meetings are reimbursed.	<input checked="" type="checkbox"/>
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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- Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

SAVE

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)
Adrienne

2. Surname (Last Name)
Clark

3. Date
07-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Robert Doherty

5. Manuscript Title
ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices

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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

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Mary

2. Surname (Last Name)

Newman

3. Date

17-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Concierge Practices

6. Manuscript Identifying Number (if you know it)

M15-0366

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Are there any relevant conflicts of interest? Yes No

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