

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Diana

2. Surname (Last Name)
Miglioretti

3. Date
22-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jeanne Mandelblatt

5. Manuscript Title
Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data

6. Manuscript Identifying Number (if you know it)
M15-0971

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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Dr. Miglioretti reports grants from AHRQ, grants from National Cancer Institute, 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)
Ellen

2. Surname (Last Name)
O'Meara

3. Date
15-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Heidi Nelson

5. Manuscript Title
Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data

6. Manuscript Identifying Number (if you know it)
M15-0971

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	contract

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Dr. O'Meara reports an NCI contract during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Balch	3. Date 14-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Heidi D. Nelson
5. Manuscript Title Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Karla	2. Surname (Last Name) Kerlikowske	3. Date 14-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Heidi Nelson
5. Manuscript Title Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data		
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Section 1. Identifying Information

1. Given Name (First Name)
Heidi

2. Surname (Last Name)
Nelson

3. Date
14-October-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Dr. Nelson has nothing to disclose.

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