

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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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) Corinne

2. Surname (Last Name) Evans

3. Date 16-November-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Evelyn P. Whitlock, M.D., M.P.H.

5. Manuscript Title
Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force

6. Manuscript Identifying Number (if you know it)
M15-2112

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
Agency for Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract work through AHRQ to support the USPSTF

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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. Evans reports grants from Agency for Healthcare Research and Quality, during the conduct of the study; .

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) Brittany 2. Surname (Last Name) Burda 3. Date 16-November-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Evelyn P. Whitlock, M.D., M.P.H.

5. Manuscript Title
Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Evelyn

2. Surname (Last Name)
Whitlock

3. Date
24-November-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force"

6. Manuscript Identifying Number (if you know it)
M15-2112

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AHRQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract support for preparation of systematic review and manuscript

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Dr. Whitlock reports contract support from AHRQ for the conduct of the systematic review and preparation of the manuscript.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Selvi	2. Surname (Last Name) Williams	3. Date 24-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Evelyn P Whitlock, MD MPH
5. Manuscript Title Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force		
6. Manuscript Identifying Number (if you know it) M15-2112		

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Dr. Williams has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Janelle

2. Surname (Last Name)
Guirguis-Blake

3. Date
16-November-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Evelyn Whitlock

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
M15-2113

Section 2. The Work Under Consideration for Publication

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ahrq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	contract
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Dr. Guirguis-Blake reports other from ahrq, from null, from null, from null, from null, during the conduct of the study; .

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