

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.

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

Guirguis-Blake 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Guirguis-Blake		3. Date 06-January-2016
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Aspirin for Prima	e ry Prevention of CVD			
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	stitution at any time rece ubmitted work (including	ive payment or services fron but not limited to grants, d		mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Uport relations hips that we	se one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any			roadly relevant to the work?	? ☐ Yes ✓ No

Guirguis-Blake 2



Section 5. Relationships not sovered above
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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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Guirguis-Blake has nothing to disclose.

Evaluation and Feedback

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Guirguis-Blake 3



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

Whitlock 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Evelyn	2. Surname (Last Name) Whitlock		3. Date 02-March-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	
5. Manuscript Title Aspirin for the Primary Prevention of Ca Task Force"	ardiovascular Events: A Sys	tematic Evidence Re	view for the U.S. Preventive Services
6. Manuscript Identifying Number (if you kr M15-2113	now it)		
Section 2. The Work Under C			
The Work Under C	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da	ta monitoring board, st	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, ity press the "ADD" button to add a row.
Excess rows can be removed by pressin			
Name of Institution/Company	Grant	n-Financial other?	Comments
AHRQ			Contract for systematic review
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Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of intere	ibed in the instructions. Us port relationships that wer	se one line for each e	ntity; add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes V No

Whitlock 2



Section 5.	
Section 5.	Relationships not covered above
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Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Whitlock 3



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Senger 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Caitlyn	rst Name)	2. Surname (Last Name) Senger	3. Date 13-November-2015	
4. Are you the cor	responding author?	r?		
Task Force	rimary Prevention of Ca		stematic Evidence Review for the U.S. Preventive Services	
6. Manuscript Ider M15-2113	ntifying Number (if you kr	now it)	_	
Section 2.				
Section 2.	The Work Under Co	onsideration for Publi	cation	
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 Vo				
Section 3.	Relevant financial	activities outside the	submitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes No	

Senger 2



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Evans 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Corinne	rst Name)	2. Surname (Last Nan Evans	ne)		3. Date 16-Novembe	r-2015	
4. Are you the corresponding author?		☐ Yes ✓ No	Correspon Janelle M	_	or's Name Blake, M.D.		
5. Manuscript Title Aspirin for the Pi Task Force	e rimary Prevention of Ca	ardiovascular Events: /	A Systematic Evid	dence Rev	iew for the U.S. Prev	entive Services	;
6. Manuscript Ider M15-2113	ntifying Number (if you kn	now it)					
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any aspect of the s statistical analysis,	titution at any time recei ubmitted work (including etc.)? evant conflicts of intere	but not limited to gran					c.) for
	out the appropriate info		u have more thar	n one enti	ty press the "ADD" b	outton to add a	row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments		
Agency for Healthcar	e Research and Quality	✓			Contract work throug support the USPSTF	h AHRQ to	
Section 3.	Relevant financial	activities outside t	:he submitted	work.			
of compensation clicking the "Add	the appropriate boxes i) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instructior port relationships that	ns. Use one line for t were present d	or each er	ntity; add as many lir	nes as you need	
	l						
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Do you have any	patents, whether plan	ned, pending or issue	d, broadly releva	ant to the	work? Yes	✓ No	

Evans 2



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

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Evans 3



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O'Connor 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Elizabeth	2. Surname (Last Name) O'Connor		3. Date 16-November-2015	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Janelle Guirguis-Blake		
5. Manuscript Title Aspirin for the Primary Prevention of Ca Task Force	rdiovascular Events: A Sys	tematic Evidence Rev	view for the U.S. Preventive Services	
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Name of Institution/Company	Grant? Personal Nor	n-Financial other?	Comments	
Agency for Healthcare Quality and Research	✓		Contract work through AHRQ to support the USPSTF	
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Dr. O'Connor report	s grants from Agency for Healthcare Quality and Research, during the conduct of the study; .

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O'Connor 3