

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.

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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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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)
Christina

2. Surname (Last Name)
Wee

3. Date
09-February-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sara Chacko

5. Manuscript Title

A mindfulness-based intervention to control weight after bariatric surgery: Results from a pilot randomized controlled trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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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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. Wee has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Roger

2. Surname (Last Name)
Davis

3. Date
15-March-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
John Mafi

5. Manuscript Title
Comparing use of low value healthcare services among US advanced practice clinicians and physicians

6. Manuscript Identifying Number (if you know it)
M15-2152

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UL1 TR001102

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Heart Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for service on editorial board

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Davis reports grants from NIH, during the conduct of the study; personal fees from American Heart Association, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Bruce

2. Surname (Last Name)
Landon

3. Date
07-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comparing Use of Low Value Healthcare Services Among U.S. Advanced Practice Clinicians and Physicians

6. Manuscript Identifying Number (if you know it)
M15-2152

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
United Biosource	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Research Triangle Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Landon reports personal fees from United Biosource, personal fees from Research Triangle Institute, outside the submitted work; .

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John
2. Surname (Last Name)
Mafi
3. Date
22-January-2016
4. Are you the corresponding author? Yes No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Mafi has nothing to disclose.

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