

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.

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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)
Thomas

2. Surname (Last Name)
Denberg

3. Date
07-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title
Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M15-2175

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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

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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. Denberg has nothing to disclose.

Evaluation and Feedback

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AMERICAN COLLEGE OF PHYSICIANS DISCLOSURE OF INTERESTS

Identifying Information

First Name	<input type="text" value="Linda"/>
Middle Initial	<input type="text" value="L."/>
Last Name	<input type="text" value="Humphrey"/>
Post-Nominal	<input type="text" value="MD, MPH, MACP"/>
Date	<input type="text" value="4/6/16"/>

Instructions

There are four parts to this form to complete:

Section I relates to your own financial interests.

Section II relates to your own non-financial interests.

Section III relates to the financial interests of close personal relations (e.g. spouse, partner, household member).

Section IV relates to the non-financial interests of close personal relations (e.g. spouse, partner, household member).

For each interest, indicate yes or no. If yes, please indicate current status and specify the appropriate range for dollar amount if financial.

Please err on the side of full disclosure.

Section I: Financial Interests (Self)

a. Please list all employment from the past 3 years.

Employer	Status	Amount	Add/Remove	
Portland VA Medical Center	<input type="text" value="Active (Current)"/>	<input type="text" value="\$100,001 or more"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

In the past 3 years, have you received any financial support or remuneration from:

b. Grants, contracts, sponsorships, or other research funding (if listed as principle investigator)

Yes No

Funding Organization and Topic Area	Status	Amount	Add/Remove	
US Preventive Services Task Force	<input type="text" value="Active (Current)"/>	<input type="text" value="\$1,001 – 5,000"/>	<input type="button" value="+"/>	<input type="button" value="-"/>
Agency for Healthcare Research and Quality	<input type="text" value="Inactive (Past 3 Years)"/>	<input type="text"/>	<input type="button" value="+"/>	<input type="button" value="-"/>
U Texas breast cancer	<input type="text" value="Active (Current)"/>	<input type="text" value="\$1,001 – 5,000"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

- c. Participation in any speaker's bureaus Yes No
- d. Participation on any executive boards Yes No
- e. Consulting, honoraria, or any other advisory roles, or acting as expert witness Yes No

In the past 3 years, have you held any:

- f. Stocks, bonds, stock options, or other securities* Yes No

Investment	Status	Amount	Add/Remove	
Gilead Sciences 10 shares	Active (Current)	Up to \$1,000	+	-

- g. Patents, trademarks, copyrights, or other proprietary rights Yes No

Intellectual Property	Status	Amount	Add/Remove	
UpToDate	Active (Current)	\$1,001 – 5,000	+	-

- h. Do you have any other financial interests to report? Yes No

*excluding broadly diversified investments, such as mutual funds or pension funds

Section II: Non-Financial Interests (Self)

In the past 3 years, have you:

- a. Participated in advocacy or lobbying organization(s) Yes No
- b. Participated in work groups or committees at other medical specialty societies or other health care organizations Yes No
- c. Acted as expert witness (not compensated) or served advisory role to government or other organization Yes No

Organization and Role	Status	Add/Remove	
VA Preventive Medicine Advisory Committee	Active (Current)	+	-

- d. Published on any of the following topic areas. Please also consider papers under development. Yes No

treatment of low back pain; cancer screening; chronic hepatitis B

Publication Title	Publication Year	Add/Remove	
Screening for Breast Cancer	2016	+	-

- e. Do you have any other nonfinancial interests to report? Yes No

Section III: Financial Interests (Close personal relations)

Close, personal relations include but are not limited to spouses, partners, or household members.

- a. Please list all current and previous employers from the past 3 years for close personal relations.

Employer	Relation	Status	Amount	Add/Remove
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Employer	Relation	Status	Amount	Add/Remove	
Legacy Health System (Cardiologist)	Spouse/Partner	Active (Current)	\$10,001 – 50,000	+	-

b. Do you have any healthcare-related financial interests from the past 3 years to report for close personal relations? Yes No

These include but are not limited to:

- Grants, contracts, sponsorships, or other research funding (if listed as principle investigator)*
- Speaker's bureaus*
- Executive boards or other advisory roles*
- Consulting or honoraria*
- Acting as expert witness (compensated)*

Section IV: Non-Financial Interests (Close personal relations)

a. Do you have any healthcare-related non-financial interests from the past 3 years to report for close personal relations? Yes No

These include but are not limited to:

- Advocacy or lobbying organizations*
- Work groups or committees at other medical specialty societies or other health care organizations*
- Advisory boards*
- Writing or consulting on medical education materials, or*
- Acting as expert witness (not compensated)*

b. Have close personal relations published on any of the following topic areas in the last three years? Please also consider papers under development. Yes No

treatment of low back pain; cancer screening; chronic hepatitis B

For ACP Staff:

Generate Summary

Reset Form

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary Ann	2. Surname (Last Name) Forcica	3. Date 23-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Evaluation of Patients with Suspected Pulmonary Embolism: A Guideline from the ACP		
6. Manuscript Identifying Number (if you know it)		

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Dr. Forcica 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) nick	2. Surname (Last Name) fitterman	3. Date 30-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qaseem
5. Manuscript Title Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) m15-2175		

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Dr. fitterman 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) Russell	2. Surname (Last Name) Harris	3. Date 31-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Management of Chronic Insomnia Disorder		
6. Manuscript Identifying Number (if you know it) M15-2175		

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Dr. Harris has nothing to disclose.

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Scott

2. Surname (Last Name)
Manaker

3. Date
01-April-2016

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Corresponding Author's Name
Amir Qaseem

5. Manuscript Title
Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M15-2175

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Grand Rounds speaker, lecturer, consultant, and expert witness on documentation, coding, billing, and reimbursement to hospitals, physicians, departments, practice groups, professional societies, insurers and attorneys (defense, plaintiff "qui tam", US Attorneys General, and the Office of the Inspector General).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expert witness in workers' compensation and in medical negligence matters.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stock held (by spouse) in Pfizer, Johnson & Johnson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dividends

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CMS Hospital Outpatient Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel and meal expenses
American Medical Association/Specialty Society Relative Value Unit Update Committee (AMA RUC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel and meal expenses
American College of Chest Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel and meal expenses

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Manaker reports personal fees from work as a Grand Rounds speaker, lecturer, consultant, and expert witness on documentation, coding, billing, and reimbursement to hospitals, physicians, departments, practice groups, professional societies, insurers and attorneys (defense, plaintiff "qui tam", US Attorneys General, and the Office of the Inspector General); and personal fees from work as an expert witness in workers' compensation and in medical negligence matters. He reports dividend income from stock held by his spouse in Pfizer and Johnson & Johnson. He receives meal and travel expenses for serving on the CMS Hospital Outpatient Panel, the American Medical Association/Specialty Society Relative Value Unit Update Committee (AMA RUC), and the Board of Regents of the American College of Chest Physicians (ACCP) and the Board of Directors of ACCP Enterprises.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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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) Sandeep	2. Surname (Last Name) Vijan	3. Date 29-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Management of chronic insomnia disorder in adults: A Clinical Practice Guideline from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2175		

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

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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. Vijan 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Chow	3. Date 03-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem, MD PhD
5. Manuscript Title Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2570		

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

Section 5. Relationships not covered above

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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. Chow has nothing to disclose.

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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) Michael

2. Surname (Last Name) Barry

3. Date 29-March-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Amir Qaseem

5. Manuscript Title
"Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline from the American College of Physicians"

6. Manuscript Identifying Number (if you know it)
2175M15-

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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
Informed Medical Decisions Foundation, a nonprofit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Salary as president and board member, travel reimbursement, grant to Massachusetts General Hospital for prostate research
Healthwise, a nonprofit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Salary as Chief Science Officer, travel reimbursement, grant to Massachusetts General Hospital for prostate research

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Barry reports grants, personal fees and non-financial support from Informed Medical Decisions Foundation, a nonprofit, grants, personal fees and non-financial support from Healthwise, a nonprofit, outside the submitted work; .

Evaluation and Feedback

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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)
Robert

2. Surname (Last Name)
McLean

3. Date
03-April-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title

Management of Chronic Insomnia Disorder: A clinical practice guideline from the ACP

6. Manuscript Identifying Number (if you know it)
uncertain

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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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) Devan	2. Surname (Last Name) Kansagara	3. Date 06-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline from the American College of Physicians	_____	
6. Manuscript Identifying Number (if you know it) M15-2175	_____	

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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

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1. Given Name (First Name)
Amir

2. Surname (Last Name)
Qaseem

3. Date
08-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M15-2175

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5. Manuscript Title Management of Chronic Insomnia Disorder in Adults		
6. Manuscript Identifying Number (if you know it) M15-2175		

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