

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) DOUGLAS	2. Surname (Last Name) DeLONG	3. Date 16-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name RYAN CROWLEY
5. Manuscript Title CLIMATE CHANGE AND HEALTH		
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

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Are there any relevant conflicts of interest?  Yes  No

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Dr. DeLONG 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) James	2. Surname (Last Name) Bush	3. Date 08-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2768		

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Dr. Bush has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Lohr	3. Date 02-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Not yet known
5. Manuscript Title Climate Change and Health: A position paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M152766		

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Member Board of Regents, American College of Physicians

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shakaib	2. Surname (Last Name) Rehman	3. Date 08-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians		
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Dr. Rehman 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) Gregory	2. Surname (Last Name) Kane	3. Date 09-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ACP Health and Public Policy Committee
5. Manuscript Title Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities: Executive Summary of a Policy 2 Position Paper From The American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-2482		

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Dr. Kane 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) Kenneth	2. Surname (Last Name) Olive	3. Date 08-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2768		

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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

### 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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1. Given Name (First Name) Mitch	2. Surname (Last Name) Biermann	3. Date 08-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians.		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Micah	2. Surname (Last Name) Beachy	3. Date 09-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) MS15-2768		

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Dr. Beachy has nothing to disclose.

### 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) Darilyn	2. Surname (Last Name) Moyer	3. Date 09-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Costs of Prescription Drugs: A Position Paper of the ACP		
6. Manuscript Identifying Number (if you know it) M15-2768		

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Dr. Moyer 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) carrie	2. Surname (Last Name) horwitch	3. Date 17-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name hilary daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) m15-2768		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Fatima

2. Surname (Last Name)  
Syed

3. Date  
15-March-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians

6. Manuscript Identifying Number (if you know it)  
M15-2768

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Dr. Syed has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hilary

2. Surname (Last Name)  
Daniel

3. Date  
10-March-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians

6. Manuscript Identifying Number (if you know it)  
M15-2768

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Hood	3. Date 09-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) m15-2768		

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sue	2. Surname (Last Name) Bornstein	3. Date 01-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians		
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