



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Maureen      2. Surname (Last Name) Phipp      3. Date 11/18/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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*I have no disclosures.*  
*MB*

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1. Given Name (First Name) William      2. Surname (Last Name) Phillips      3. Date 11/18/2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu

5. Manuscript Title  
Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?     Yes     No

*past NCI, CDC grants and contracts for research on use of screening tests for breast and other cancers in primary care - partners of*

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1. Given Name (First Name) Michael      2. Surname (Last Name) Pignone      3. Date 11-18-2015
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
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1. Given Name (First Name) Douglas 2. Surname (Last Name) OWENS 3. Date 11/18/15
4. Are you the corresponding author?  Yes  No Corresponding Author's Name Al Siu
5. Manuscript Title Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)

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travel reimbursement from USPSTF

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1. Given Name (First Name) Alex Kempner 2. Surname (Last Name) \_\_\_\_\_ 3. Date 11/18/15

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Alex 2. Surname (Last Name) Krist 3. Date 11/20/15
4. Are you the corresponding author?  Yes  No Corresponding Author's Name Al Siu
5. Manuscript Title Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)

### 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



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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) ANN      2. Surname (Last Name) KURTH      3. Date 11/18/15

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu

5. Manuscript Title  
Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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

**Section 1. Identifying Information**

1. Given Name (First Name) DAVID      2. Surname (Last Name) CROSSMAN      3. Date 11/15/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name) Jessica      2. Surname (Last Name) Herstein      3. Date 11/17/15

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu

5. Manuscript Title  
Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Matthew      2. Surname (Last Name) Billman      3. Date 11/18/15

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) FRANCISCO      2. Surname (Last Name) LOUREIRO      3. Date \_\_\_\_\_
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*Ramini*  
*18 Nov 2015*

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kama 2. Surname (Last Name) Davidson 3. Date Nov 18/15
4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Al Siu
5. Manuscript Title  
Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)

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Al Siu

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1. Given Name (First Name) Kirsten      2. Surname (Last Name) Bibbins-Domingo      3. Date 11/17/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
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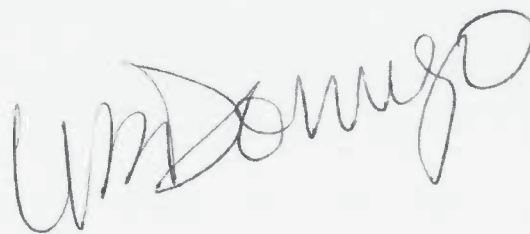
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1. Given Name (First Name) *Wade*      2. Surname (Last Name) *Baumann*      3. Date *11/18/15*
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
AI Siu
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Albert    Siu    18-November-2015

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



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### Section 1. Identifying Information

1. Given Name (First Name)  
Albert

2. Surname (Last Name)  
Siu

3. Date  
18-November-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)

### 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

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