

## 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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Leah

2. Surname (Last Name)

Bouk

3. Date

01-July-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

"Performance of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening in primary care patients"

6. Manuscript Identifying Number (if you know it)

M16-0317

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

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Dr. Bouk 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) Lauretta	2. Surname (Last Name) Cathers	3. Date 15-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Schwartz
5. Manuscript Title Validation of a brief substance use screening and assessment tool for primary care settings		
6. Manuscript Identifying Number (if you know it) M16-0317		

### 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.)?

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Dr. Cathers has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Carol

2. Surname (Last Name)  
Cushing

3. Date  
03-August-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Performance of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening in primary care patients

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Jacqueline

2. Surname (Last Name)  
King

3. Date  
15-April-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Validation of a brief substance use screening and assessment tool for primary care settings

6. Manuscript Identifying Number (if you know it)  
M16-0317

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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract to provide data management and statistical analysis services in support of multi-site clinical trials conducted within the NIDA Clinical Trials Network (CTN)

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Ms. King reports other from null, during the conduct of the study; .

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1. Given Name (First Name) \_\_\_\_\_ Jennifer

2. Surname (Last Name) \_\_\_\_\_ McNeely

3. Date \_\_\_\_\_ 24-April-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Validation of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening and assessment in primary care patients

6. Manuscript Identifying Number (if you know it)  
M16-0317

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NIDA Clinical Trials Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperative grant award
NIH/NIDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K23 career development award

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Dr. McNeely reports grants from NIH/NIDA Clinical Trials Network, and career development award (K23) grant from NIH/NIDA , during the conduct of the study.

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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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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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) Courtney      2. Surname (Last Name) Nordeck      3. Date 18-April-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Jennifer McNeely, M.D.

5. Manuscript Title  
Validation of a brief substance use screening and assessment tool for primary care settings

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

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
National Institute on Drug Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

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### Section 6. Disclosure Statement

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Ms. Nordeck reports grants from National Institute on Drug Abuse, during the conduct of the study; .

### 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) Kevin	2. Surname (Last Name) O'Grady	3. Date 25-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Performance of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening in primary care patients		
6. Manuscript Identifying Number (if you know it) 16-0317		

### 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

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Dr. O'Grady 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)

Linnea

2. Surname (Last Name)

Russell

3. Date

02-August-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Performance of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening in primary care patients

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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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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Dr. Russell 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)  
Robert

2. Surname (Last Name)  
Schwartz

3. Date  
18-April-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Jennifer McNeely, M.D.

5. Manuscript Title  
Validation of a brief substance use screening and assessment tool for primary care settings

6. Manuscript Identifying Number (if you know it)  
M16-0317

### Section 2. The Work Under Consideration for Publication

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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
National Institute on Drug Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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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
Reckitt Benckiser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	My employer received reimbursement for my time for a one-time consultation on a project not related to the present manuscript.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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Dr. Schwartz reports grants from National Institute on Drug Abuse, during the conduct of the study; his employer received reimbursement for his time on a one-time consultation from Reckitt Benckiser that was outside the submitted work; .

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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) Gaurav      2. Surname (Last Name) Sharma      3. Date 15-April-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Jennifer McNeely

5. Manuscript Title  
Validation of a brief substance use screening and assessment tool for primary care settings

6. Manuscript Identifying Number (if you know it)  
M16-0317

### 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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Emmes Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract to provide data management and statistical analysis services in support of multi-site clinical trials conducted within the NIDA Clinical Trials Network (CTN)

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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

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Dr. Sharma reports other from The Emmes Corporation, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anjalee      2. Surname (Last Name) Sharma      3. Date 19-April-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Jennifer McNeely, M.D.

5. Manuscript Title  
Validation of a brief substance use screening and assessment tool for primary care settings

6. Manuscript Identifying Number (if you know it)  
M16-0317

### 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
National Institute on Drug Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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

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### Section 6. Disclosure Statement

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Ms. Sharma reports grants from National Institute on Drug Abuse, during the conduct of the study; .

### 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) Luke	2. Surname (Last Name) Sleiter	3. Date 15-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jennifer McNeely, MD, MS
5. Manuscript Title Validation of a brief substance use screening and assessment tool for primary care settings		
6. Manuscript Identifying Number (if you know it) M16-0317		

### 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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Mr. Sleiter 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)  
Geetha

2. Surname (Last Name)  
Subramaniam

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

Performance of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening in primary care patient

6. Manuscript Identifying Number (if you know it)

M16-0317

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Acknowledgments: Geetha Subramaniam is an employee of the Center for the Clinical Trials Network (CCTN), National Institute on Drug Abuse (NIDA), which is the funding agency for the National Drug Abuse Treatment Clinical Trials Network; her participation in this publication arises from her role as a project scientist on a cooperative agreement for this study

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dace	2. Surname (Last Name) Svikis	3. Date 09-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jennifer McNeely
5. Manuscript Title Validation of a brief substance use screening and assessment tool for primary care settings		
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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Dr. Svikis has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Aimee

2. Surname (Last Name)  
Wahle

3. Date  
15-April-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Jennifer McNeely

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
M16-0317

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Emmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract to provide data management and statistical analysis services in support of multi-site clinical trials conducted within the NIDA Clinical Trials Network (CTN)

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Ms. Wahle reports other from Emmes, during the conduct of the study.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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)  
LI-TZY

2. Surname (Last Name)  
WU

3. Date  
15-April-2016

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Validation of a brief substance use screening and assessment tool for primary care settings

6. Manuscript Identifying Number (if you know it)  
M16-0317

### 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"/>	

### 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

### 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 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. WU reports grants from NIH, during the conduct of the study; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.