



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.

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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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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)

Alex

2. Surname (Last Name)

Krist

3. Date

13-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

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

Section 4. Intellectual Property -- Patents & Copyrights

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



ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Krist 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)
Ann

2. Surname (Last Name)
Kurth

3. Date
20-March-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Al Siu

5. Manuscript Title
Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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Dr. Kurth has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

William

2. Surname (Last Name)

Phillips

3. Date

18-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

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Are there any relevant conflicts of interest?

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Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes

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Dr. Phillips has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Carol

2. Surname (Last Name)

Mangione

3. Date

18-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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Section 4.

Intellectual Property -- Patents & Copyrights

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☒ No



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Dr. Mangione has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Pignone

3. Date

14-March-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

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Are there any relevant conflicts of interest?

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Yes

☒

No

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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
Partnership for Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received travel funds from Partnership for Prevention for work on aspirin for primary prevention

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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I have participated in guideline development for the American Heart Association and American Diabetes Association related to aspirin use in patients with diabetes.

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Dr. Pignone reports personal fees from Partnership for Prevention, outside the submitted work; and I have participated in guideline development for the American Heart Association and American Diabetes Association related to aspirin use in patients with diabetes..

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



Identifying Information

3. Date

Phipps

18-March-2016

☐ Yes ☒ No

Corresponding Author's Name

Al Siu

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

The Work Under Consideration for Publication

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Relevant financial activities outside the submitted work.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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. Phipps 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)
Seth

2. Surname (Last Name)
Landefeld

3. Date
18-March-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Al Siu

5. Manuscript Title
Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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Dr. Landefeld 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)

Alex

2. Surname (Last Name)

Kemper

3. Date

10-March-2016

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

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

Section 4.

Intellectual Property -- Patents & Copyrights

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☐ Yes☒ No



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Dr. Kemper 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)

Matthew

2. Surname (Last Name)

Gillman

3. Date

18-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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☒ 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



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Gillman 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)

Kirsten

2. Surname (Last Name)

Bibbins - Domingo

3. Date

18-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

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)

John

2. Surname (Last Name)

Epling

3. Date

18-March-2016

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☐ Yes ☒ No

Corresponding Author's Name

Al Siu

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Aspirin Use for Primary Prevention

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Dr. Epling 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)

Francisco

2. Surname (Last Name)

Garcia

3. Date

18-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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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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Dr. Garcia 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)

Karina

2. Surname (Last Name)

Davidson

3. Date

13-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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☒ No

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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)

Grossman

3. Date

18-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

Section 2.

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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)

Diane

2. Surname (Last Name)

Harper

3. Date

10-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Al Siu

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Albert

2. Surname (Last Name)

Siu

3. Date

18-March-2016

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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

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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

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Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Curry

3. Date
24-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Al Siu

5. Manuscript Title
Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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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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