

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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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)
Bretthauer

3. Date
31-August-2016

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

5. Manuscript Title

Effectiveness of screening colonoscopy to prevent colorectal cancer among Medicare beneficiaries aged 70-79 years: a prospective observational study

6. Manuscript Identifying Number (if you know it)

16-0758

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Xabier

2. Surname (Last Name)

Garcia-Albeniz

3. Date

24-August-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Effectiveness of screening colonoscopy to prevent colorectal cancer among Medicare beneficiaries aged 70-79 years: a prospective observational study.

6. Manuscript Identifying Number (if you know it)

M16-0758

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. Garcia-Albeniz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Miguel	2. Surname (Last Name) Hernan	3. Date 22-August-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xabier Garcia de Albeniz
5. Manuscript Title Effectiveness of screening colonoscopy to prevent colorectal cancer among Medicare beneficiaries aged 70-79 years: a prospective observational study		
6. Manuscript Identifying Number (if you know it) M16-0758		

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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
NIH/NCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Hernan reports grants from NIH/NCI, during the conduct of the study; .

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1. Given Name (First Name) John	2. Surname (Last Name) Hsu	3. Date 22-August-2016
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01CA164023
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01HS023128
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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