

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) Lewis (Casey)	2. Surname (Last Name) Chosewood	3. Date 12-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John Howard
5. Manuscript Title NIOSH Response to the NIH P2P Workshop Recommendations		
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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I am the Director of the Office for Total Worker Health at NIOSH.

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Dr. Chosewood reports that he is the Director of the Office for Total Worker Health at NIOSH.

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Howard

3. Date
12-April-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
John Howard

5. Manuscript Title
NIOSH Response to the NIH P2P Workshop Recommendations

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Chia

2. Surname (Last Name)

Chang

3. Date

11-April-2016

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

John Howard

5. Manuscript Title

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1. Given Name (First Name)
Anita

2. Surname (Last Name)
Schill

3. Date
13-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
John Howard

5. Manuscript Title
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