

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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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.

5. Relationships not covered above.

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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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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)
Timothy

2. Surname (Last Name)
Wilt

3. Date
30-January-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qaseem

5. Manuscript Title
Oral Pharmacologic Treatment of Type 2 Diabetes Mellitus: A Clinical Practice Guideline Update from the American College of Physicians"

6. Manuscript Identifying Number (if you know it)
M16-1860

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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Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Linda

2. Surname (Last Name)

Humphrey

3. Date

29-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Amir Qaseem

5. Manuscript Title

Oral Pharmacologic Treatment of Type 2 Diabetes Mellitus: A Clinical Practice Guideline Update from the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

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Dr. Humphrey 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) nick	2. Surname (Last Name) fitterman	3. Date 29-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Oral Pharmacologic Treatment of Type 2 Diabetes Mellitus: A Clinical Practice Guideline Update from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) m16-1860		

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Dr. fitterman has nothing to disclose.

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1. Given Name (First Name) Michael

2. Surname (Last Name) Barry

3. Date 29-November-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Amir Qaseem

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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
Informed Medical Decisions Foundation, a nonprofit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Salary as president and board member, travel reimbursement, grant to Massachusetts General Hospital for prostate research
Healthwise, a nonprofit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Salary as Chief Science Officer, travel reimbursement, grant to Massachusetts General Hospital for prostate research

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Dr. Barry reports grants, personal fees and non-financial support from Informed Medical Decisions Foundation, a nonprofit, grants, personal fees and non-financial support from Healthwise, a nonprofit, outside the submitted work; .

Evaluation and Feedback

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AMERICAN COLLEGE OF PHYSICIANS DISCLOSURE OF INTERESTS

Identifying Information

First Name

Middle Initial

Last Name

Post-Nominal

Date

Instructions

There are four parts to this form to complete:

Section I relates to your own financial interests.

Section II relates to your own non-financial interests.

Section III relates to the financial interests of close personal relations (e.g. spouse, partner, household member).

Section IV relates to the non-financial interests of close personal relations (e.g. spouse, partner, household member).

For each interest, indicate yes or no. If yes, please indicate current status and specify the appropriate range for dollar amount if financial.

Please err on the side of full disclosure.

Section I: Financial Interests (Self)

a. Please list all employment from the past 3 years.

Employer	Status	Amount	Add/Remove	
Virginia Mason Medical Center	Active (Current)	\$100,001 or more	+	-

In the past 3 years, have you received any financial support or remuneration from:

b. Grants, contracts, sponsorships, or other research funding (if listed as principle investigator) Yes No

c. Participation in any speaker's bureaus Yes No

Organization and Role	Status	Amount	Add/Remove	
Virginia Mason Medical Center	Active (Current)		+	-

d. Participation on any executive boards Yes No

Organization and Role	Status	Amount	Add/Remove	
American College of Physicians, board of regents	Active (Current)		+	-

e. Consulting, honoraria, or any other advisory roles, or acting as expert witness Yes No

Organization and Role	Status	Amount	Add/Remove	
I-TECH/University of Washington	Inactive (Past 3 Years)	Up to \$1,000	+	-
Oakstone publishing -inactive as of march 2016	Active (Current)	\$1,001 – 5,000	+	-

In the past 3 years, have you held any:

f. Stocks, bonds, stock options, or other securities* Yes No

Investment	Status	Amount	Add/Remove	
leMaitre- was sold in past 6 months so no current stock	Active (Current)	Up to \$1,000	+	-

g. Patents, trademarks, copyrights, or other proprietary rights Yes No

h. Do you have any other financial interests to report? Yes No

*excluding broadly diversified investments, such as mutual funds or pension funds

Section II: Non-Financial Interests (Self)

In the past 3 years, have you:

a. Participated in advocacy or lobbying organization(s) Yes No

Organization and Topic Area	Status	Add/Remove	
ACP Services, treasurer	Active (Current)	+	-

b. Participated in work groups or committees at other medical specialty societies or other health care organizations Yes No

Organization and Committee	Status	Add/Remove	
Virginia Mason Medical Center, University of Washington Ethics Committee (member)	Inactive (Past 3 Years)	+	-
Board of Regents (member)	Active (Current)	+	-
Ethics, Professionalism and Human Rights Committee, ACP	Active (Current)	+	-
Collaborative for Healing and Renewal in Medicine (CHARM) Committee, AAIM	Active (Current)	+	-
Virginia Mason Medical Center, CME committee (member)	Active (Current)	+	-

c. Acted as expert witness (not compensated) or served advisory role to government or other organization Yes No

d. Published on any of the following topic areas. Please also consider papers under development. Yes No

Publication Title	Publication Year	Add/Remove	
HPPC policy papers on reducing cost of medications, GME funding	2016	+	-
Medscape case study: where there is smoke theres fired	2015	+	-

e. Do you have any other nonfinancial interests to report? Yes No

Section III: Financial Interests (Close personal relations)

Close, personal relations include but are not limited to spouses, partners, or household members.

a. Please list all current and previous employers from the past 3 years for close personal relations.

Employer	Relation	Status	Amount	Add/Remove	
				+	-

b. Do you have any healthcare-related financial interests from the past 3 years to report for close personal relations? Yes No

These include but are not limited to:

- Grants, contracts, sponsorships, or other research funding (if listed as principle investigator)*
- Speaker's bureaus*
- Executive boards or other advisory roles*
- Consulting or honoraria*
- Acting as expert witness (compensated)*

Section IV: Non-Financial Interests (Close personal relations)

a. Do you have any healthcare-related non-financial interests from the past 3 years to report for close personal relations? Yes No

These include but are not limited to:

- Advocacy or lobbying organizations*
- Work groups or committees at other medical specialty societies or other health care organizations*
- Advisory boards*
- Writing or consulting on medical education materials, or*
- Acting as expert witness (not compensated)*

b. Have close personal relations published on any of the following topic areas in the last three years? Please also consider papers under development. Yes No

For ACP Staff:

Generate Summary

Reset Form

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amir

2. Surname (Last Name)
Qaseem

3. Date
01-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Oral Pharmacologic Treatment of Type 2 Diabetes Mellitus: A Clinical Practice Guideline Update from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M16-1860

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Devan	2. Surname (Last Name) Kansagara	3. Date 12-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Oral Pharmacologic Treatment of Type 2 Diabetes Mellitus: A Clinical Practice Guideline Update from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M16-1860		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kansagara 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) Mary Ann	2. Surname (Last Name) Forcica	3. Date 23-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Evaluation of Patients with Suspected Pulmonary Embolism: A Guideline from the ACP		
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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Dr. Forcica has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
McLean

3. Date
19-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Long and Winding Road to Clinical Guidelines on the Diagnosis and Management of Gout

6. Manuscript Identifying Number (if you know it)
M16-2426

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Takeda Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speakers bureau - inactive since 3/15

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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Member of American College of Physicians Clinical Guidelines Committee
Member of American College of Rheumatology Quality of Care Committee

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Dr. McLean reports personal fees from Takeda Pharmaceuticals speakers' bureau prior to 2015, outside the submitted work; and Member of American College of Physicians Clinical Guidelines Committee and Member of American College of Rheumatology Quality of Care Committee.

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