

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.

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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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

Brown 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Alan	rst Name)	2. Surname (Last Name) Brown	3. Date 21-Nov	vember-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dong Chen, MD PhD	
		ner Cutoffs That Practicing	Physicians Need to Know When Ev	valuating Patients with
6. Manuscript Idei M16-2030	ntifying Number (if you kn	ow it)		
	ı			
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercia a monitoring board, study design, ma	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationshi e one line for each entity; add as m e present during the 36 months p	nany lines as you need by
Section 4.				
	Intellectual Proper	ty Patents & Copyrig	nts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	es 🗸 No

Brown 2



Section 5. Relationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Brown has nothing to disclose.

Evaluation and Feedback

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Burr 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Burr	3. Date 21-November-2016	
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title "Issues Surrounding Age-Adjusted D-Dimer Cutoffs That Practicing Physicians Need to Know: The College of American Pathologists (CAP) Coagulation Resource Committee?s Perspective on the American College of Physicians (ACP) Best 6. Manuscript Identifying Number (if you know it) M16-2030				
Section 2.	The Work Under Co	onsideration for Publication		
any aspect of the s statistical analysis,	ubmitted work (including	ve payment or services from a third party (government, cobut not limited to grants, data monitoring board, study dest?		
Section 3.	Relevant financial	activities outside the submitted work.		
of compensation clicking the "Add	ı) with entities as descri	n the table to indicate whether you have financial rel bed in the instructions. Use one line for each entity; a port relationships that were present during the 36 n est? Yes No	add as many lines as you need by	
Section 4.	Intellectual Proper	ty Patents & Copyrights		
Do you have any	patents, whether plani	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No	

Burr 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Ms. Burr has not	hing to disclose.

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Chandler 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Wayne	rst Name)	2. Surname (Last Name) Chandler		3. Date 21-November-2016
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam	ne
5. Manuscript Title Issues Surroundi		mer Cutoffs That Practicing	Physicians Need to Know:	
6. Manuscript lder	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, com ta monitoring board, study des	nmercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	se one line for each entity; ac	tionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Chandler 2



Section 5.	
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Chen 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi		2. Surname (Last Name) Chen	3. Date 02-December-2016	
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Issues Surrounding Age-Adjusted D-Dimer Cutoffs That Practicing Physicians Need to Know: The College of American Pathologists (CAP) Coagulation Resource Committee's Perspective on the American College of Physicians (ACP) Best Practice 6. Manuscript Identifying Number (if you know it) M16-2030				
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Do you have any		ned, pending or issued, broadly relevant to	the work? Yes No	

Chen 2



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Goodwin 1



Section 1. Identifying Inform	ation	
Given Name (First Name) Andrew	2. Surname (Last Name) Goodwin	3. Date 25-November-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Dong Chen
	On Behalf of the College of	ans (ACP) Best Practice Advice on Evaluation of Patients FAmerican Pathologists (CAP) Coagulation Resource
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Name of Entity	Grant? Personal No	n-Financial other? Comments
Haematologic Technologies		Medical Director
Section 4. Intellectual Proper	ty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Goodwin 2



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Dr. Goodwin rep	orts personal fees from Haematologic Technologies, outside the submitted work; .

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Hartman 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Sarah	2. Surname (Last Name) Hartman	3. Date 05-December-2016	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Dong Chen	
5. Manuscript Title Issues Surrounding Age-Adjusted D-Di Suspected Pulmonary Embolism	mer Cutoffs That Practicing	Physicians Need to Know When Evaluating Patients With	
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Section 3. Polyant financial			
Relevant financial	activities outside the s	ubmitted work.	
of compensation) with entities as descricking the "Add +" box. You should re	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.	
Are there any relevant conflicts of inter	est?		
Section 4. Intellectual Prope	rty Patents & Copyric	hts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Hartman 2



Section 5. Relationships not severed above
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):
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Dr. Hartman has nothing to disclose.

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Hartman 3



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

Higgins 1



Costion 1						
Section 1.	Identifying Infor	mation				
1. Given Name (First Name) Russell		2. Surnar Higgins	2. Surname (Last Name) Higgins			3. Date 21-November-2016
4. Are you the corresponding author?		Yes	Yes No Corresponding Author's Nan Dong Chen		or's Name	
Suspected Puln			s That Prac	ticing Physicians	Need to I	Know When Evaluating Patients with
M16-2030						
Section 2.	The Work Under	Considera	tion for P	ublication		
statistical analysis Are there any re		_	Yes 🗸		, 20ai a, 3t	rudy design, manuscript preparation,
Section 3.	Relevant financia	l activities	outside	the submitted	work.	
of compensatio clicking the "Ad Are there any re	n) with entities as desc	cribed in the eport relation rest?	instruction inships that Yes	ns. Use one line fo	or each er	cial relationships (regardless of amou ntity; add as many lines as you need b e 36 months prior to publication.
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
erfen IL			✓			Lecture on analytical measurement range. IL manufactures a D-dimer kit for exclusion of PE
ollege of American	Pathologists			√		travel expenses reimbursed. CAP committee reviews proficiency testing of coagulation tests. D-dimer tests are included. Committee has the most experience with FDA approved/cleared tests.

Higgins 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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Dr. Higgins reports personal fees from Werfen IL, non-financial support from College of American Pathologists, outside the submitted work; .

Evaluation and Feedback

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Higgins 3



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Johari 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Vandita	rst Name)	2. Surname (Last Name) Johari		3. Date 21-November-2016
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nar Chen Dong MD PhD	me
Pathologists (CA	ing Age-Adjusted D-Dir	ce Committees Perspective	Physicians Need to Know: on the American College o	The College of American of Physicians (ACP) Best Practice
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	stitution at any time recei submitted work (including	ve payment or services from but not limited to grants, da		mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	e one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	ıhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Johari 2



Section 5. Polationships not severed above					
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Royalties: Funds are coming in to you or your institution due to your patent

Marchant 1



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Kandice	2. Surname (Last Name) Marchant	3. Date 08-December-2016
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Issues Surrounding Age-Adjusted D-	Dimer Cutoffs that Practicing	Physicians Need to Know
6. Manuscript Identifying Number (if you MI6-2030	know it)	_
Section 2. The Work Under	Consideration for Public	cation
	ing but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financi	al activities outside the s	submitted work.
of compensation) with entities as des	scribed in the instructions. Us report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Prop	erty Patents & Copyri	ghts
Do you have any patents, whether pl	anned, pending or issued, br	roadly relevant to the work? Yes V No

Marchant 2



Section 5. Relationships not sovered above
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Moser 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Karen	2. Surname (Last Name) Moser	3. Date 22-November-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dong Chen, M.D.
5. Manuscript Title Issues Surrounding Age-Adjusted D-Di Suspected Pulmonary Embolism	mer Cutoffs That Practicing	Physicians Need to Know When Evaluating Patients with
6. Manuscript Identifying Number (if you kr M16-2030	now it)	
Section 2		
	onsideration for Public	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Section 4. Intellectual Proper	rty Patents & Copyric	ıhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Moser 2



Section 5. Relationships not covered above			
helationships not covered above			
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Dr. Moser has nothing to disclose.			

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Polyakov 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Nataliya	rst Name)	2. Surnar Polyakov	ne (Last Name) V		3. Date		
4. Are you the cor	responding author?	✓ Yes	No				
Issues Surroundi Suspected Pulmo	 5. Manuscript Title Issues Surrounding Age-Adjusted D-Dimer Cutoffs That Practicing Physicians Need to Know When Evaluating Patients with Suspected Pulmonary Embolism 6. Manuscript Identifying Number (if you know it) M16-2030 						
Section 2.	The Work Under Co	onsiderat	tion for Publicatio	n			
any aspect of the s statistical analysis,	ubmitted work (including	but not lim			mmercial, private foundatior esign, manuscript preparation		
Section 3.	Relevant financial	activities	outside the subm	itted work.			
of compensation clicking the "Add	ı) with entities as descri	bed in the port relatio	instructions. Use one	line for each entity; a	lationships (regardless of a add as many lines as you n nonths prior to publicati	need by	
Section 4.	Intellectual Proper	ty Pate	ents & Copyrights				
Do you have any	patents, whether plan	ned, pendi	ng or issued, broadly	relevant to the work	? ☐ Yes ✓ No		

Polyakov 2



Section 5.	Deletionshine not covered above			
	Relationships not covered above			
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?			
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Section 6.	Disclosure Statement			
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Ms. Polyakov has	nothing to disclose.			

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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

Smock 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Kristi	rst Name)	2. Surname (Last Name) Smock		3. Date 21-November-2016
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Dong Chen	
suspected pulme	ng age-adjusted d-dim		ohysicians need to know wh	nen evaluating patients with
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	Yes 🗸 No

Smock 2



Section 5.	Deletional in a set account above			
	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Smock has no	othing to disclose.			

Evaluation and Feedback

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

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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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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

Relationships not covered above.

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Volod 1



Section 1. Identifying Inform	nation		
identifying inform	lation		
1. Given Name (First Name) Oksana	2. Surname (Last Name) Volod	3. Date 25-November-2016	
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name	
Dong Chen M.D., Ph.D. 5. Manuscript Title Issues Surrounding Age-Adjusted D-Dimer Cutoffs That Practicing Physicians Need to Know: The College of American Pathologists (CAP) Coagulation Resource Committee?s Perspective on the American College of Physicians (ACP) Best 6. Manuscript Identifying Number (if you know it) M16-2030			
Section 2. The Work Under C	onsideration for Public	cation	
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Section 3. Relevant financial	activities outside the s	ubmitted 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 Vo			
Section 4. Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any patents, whether plan			

Volod 2



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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. Volod has nothing to disclose.		

Evaluation and Feedback

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