

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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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)

Alan

2. Surname (Last Name)

Brown

3. Date

21-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dong Chen, MD PhD

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

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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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Dr. Brown has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sharon

2. Surname (Last Name)
Burr

3. Date
21-November-2016

4. Are you the corresponding 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)
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Ms. Burr 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) Wayne	2. Surname (Last Name) Chandler	3. Date 21-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dong Chen
5. Manuscript Title Issues Surrounding Age-Adjusted D-Dimer Cutoffs That Practicing Physicians Need to Know:		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dong

2. Surname (Last Name)
Chen

3. Date
02-December-2016

4. Are you the corresponding 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)
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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. 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

5. Manuscript Title
The Pathologists' Perspective on the American College of Physicians (ACP) Best Practice Advice on Evaluation of Patients with Suspected Pulmonary Embolism: On Behalf of the College of American Pathologists (CAP) Coagulation Resource

6. Manuscript Identifying Number (if you know it)
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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
Haematologic Technologies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Director

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. Goodwin reports personal fees from Haematologic Technologies, outside the submitted work; .

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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-Dimer Cutoffs That Practicing Physicians Need to Know When Evaluating Patients With Suspected Pulmonary Embolism

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. 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?

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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. Hartman 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) Russell	2. Surname (Last Name) Higgins	3. Date 21-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dong Chen
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		

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Werfen IL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture on analytical measurement range. IL manufactures a D-dimer kit for exclusion of PE
College of American Pathologists	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. 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

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Dr. Higgins reports personal fees from Werfen IL, non-financial support from College of American Pathologists, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vandita	2. Surname (Last Name) Johari	3. Date 21-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chen Dong MD PhD
5. Manuscript Title Issues Surrounding Age-Adjusted D-Dimer Cutoffs That Practicing Physicians Need to Know: The College of American Pathologists (CAP) Coagulation Resource Committees Perspective on the American College of Physicians (ACP) Best Practice		
6. Manuscript Identifying Number (if you know it) M16-2030		

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Are there any relevant conflicts of interest? Yes No

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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) Kandice	2. Surname (Last Name) Marchant	3. Date 08-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 know it) MI6-2030		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Moser	3. Date 22-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dong Chen, M.D.
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 Consideration for Publication

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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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Dr. Moser 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)
Nataliya

2. Surname (Last Name)
Polyakov

3. Date

4. Are you the corresponding author? Yes No

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

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Are there any relevant conflicts of interest? Yes No

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Ms. Polyakov has nothing to disclose.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dong Chen
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		

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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

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Are there any relevant conflicts of interest? Yes No

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