

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Veronica

2. Surname (Last Name)
Setiawan

3. Date
10-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Association of coffee consumption with total and cause-specific mortality among non-white populations

6. Manuscript Identifying Number (if you know it)
M16-2472

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Lynne

2. Surname (Last Name)
Wilkins

3. Date
10-May-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
VW Setiawan

5. Manuscript Title
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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
National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wilkens reports grants from National Cancer Institute, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Song-Yi	2. Surname (Last Name) Park	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name V. Wendy Setiawan
5. Manuscript Title Association of coffee consumption with total and cause-specific mortality among non-white populations		
6. Manuscript Identifying Number (if you know it) M16-2472		

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Section 1. Identifying Information

1. Given Name (First Name) Neal	2. Surname (Last Name) Freedman	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name V. Wendy Setiawan, Ph.D.
5. Manuscript Title Association of coffee consumption with total and cause-specific mortality among non-white populations		
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Dr. Freedman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Haiman

3. Date
26-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Veronica Wendy Setiawan

5. Manuscript Title

Association of coffee consumption with total and cause-specific mortality among non-white populations

6. Manuscript Identifying Number (if you know it)

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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

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1. Given Name (First Name) Loic	2. Surname (Last Name) Le Marchand	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Association of coffee consumption with total and cause-specific mortality among non-white populations	_____	
6. Manuscript Identifying Number (if you know it) M16-2472	_____	

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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. Le Marchand has nothing to disclose.

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