

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Joshua	2. Surname (Last Name) Liao	3. Date 26-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Catharine B. Stack
5. Manuscript Title Annals Understanding Clinical Research: ITT Analysis		
6. Manuscript Identifying Number (if you know it) M17-0196		

### 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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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Catharine	2. Surname (Last Name) Stack	3. Date 31-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joshua Liao
5. Manuscript Title Understanding Clinical Research: ITT Analysis		
6. Manuscript Identifying Number (if you know it) M17-0196		

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Stack has nothing to disclose.

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1. Given Name (First Name) Russell	2. Surname (Last Name) Localio	3. Date 31-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cathy Stack?
5. Manuscript Title "Annals Understanding Clinical Research: ITT Analysis"		
6. Manuscript Identifying Number (if you know it) m17-0196		

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1. Given Name (First Name) Michael	2. Surname (Last Name) Griswold	3. Date 30-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cathy Stack
5. Manuscript Title Annals Understanding Clinical Research: ITT Analysis		
6. Manuscript Identifying Number (if you know it) M17-0196		

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Dr. Griswold has nothing to disclose.

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