

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

### Section 1. Identifying Information

1. Given Name (First Name)  
Cynthia

2. Surname (Last Name)  
Mulrow

3. Date  
14-June-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
John Cornell

5. Manuscript Title  
Understanding Clinical Research: Evaluating the Meaning of a Summary Estimate in a Meta-Analysis

6. Manuscript Identifying Number (if you know it)  
M17-1454

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Mulrow 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)  
John

2. Surname (Last Name)  
Cornell

3. Date  
17-June-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Understanding Clinical Research: Evaluating the Meaning of a Summary Estimate in A Meta-Analysis

6. Manuscript Identifying Number (if you know it)  
M17-1454

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### Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Liao

3. Date

21-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

John E Cornell

5. Manuscript Title

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1. Given Name (First Name)  
Catharine

2. Surname (Last Name)  
Stack

3. Date  
21-June-2017

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☐ Yes ☒ No

Corresponding Author's Name  
John Cornell

5. Manuscript Title  
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