

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
beth

2. Surname (Last Name)  
nalitt

3. Date  
19-April-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
womens health policy in the US: AN ACP POSITION PAPER

6. Manuscript Identifying Number (if you know it)  
M17-3344

### 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.)?

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Dr. nalitt 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) Gregory      2. Surname (Last Name) Kane      3. Date 09-February-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
ACP Health and Public Policy Committee

5. Manuscript Title  
Achieving Gender Equity in Physician Compensation and Career Advancement A Policy Position Paper from the American College of Physicians M17-3438

6. Manuscript Identifying Number (if you know it)  
M17-3438

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Are there any relevant conflicts of interest?     Yes     No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bristol Myers Squibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lung cancer Screening in Vulnerable Populations
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Kane is PI on a Grant from Bristol-Myers Squibb entitled "Engaging a Learning Community to Increase Lung Cancer Screening in Vulnerable Populations".

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Heather

2. Surname (Last Name)

Gantzer

3. Date

05-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Hilary Daniel

5. Manuscript Title

Womens Health Plicy in the United States

6. Manuscript Identifying Number (if you know it)

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Dr. Gantzer has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Sue

2. Surname (Last Name)  
Bornstein

3. Date  
08-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Women's Health Policy in the United States

6. Manuscript Identifying Number (if you know it)

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Dr. Bornstein has nothing to disclose.

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Joshua

2. Surname (Last Name)

Lenchus

3. Date

08-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Hilary Daniel

5. Manuscript Title

Women's Health Policy in the United States: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M17-3344

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

#### 5. Relationships not covered above.

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.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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) Joseph	2. Surname (Last Name) Li	3. Date 10-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Women's Health Policy in the United States: An American College of Physicians Position Paper	_____	
6. Manuscript Identifying Number (if you know it) M17-3344	_____	

### 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.

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  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. Li has nothing 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hilary

2. Surname (Last Name)  
Daniel

3. Date  
30-April-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Women's Health Policy in the United States: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)  
M17-3344

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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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.

Ms. Daniel 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) Lavanya	2. Surname (Last Name) Viswanathan	3. Date 30-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title Women's Health Policy in the United States: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) M17-3344		

### 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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### Section 5. Relationships not covered above

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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. Viswanathan has nothing to disclose.

### Evaluation and Feedback

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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) Lianne	2. Surname (Last Name) Marks	3. Date 18-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Women's Health Policy in the United States: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) M17-3344		

### 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

---

### Section 5. Relationships not covered above

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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. Marks has nothing 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shari	2. Surname (Last Name) Erickson	3. Date 19-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Womens Health Policy in the United States: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) M17-3344		

### 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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### Section 5. Relationships not covered above

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Dr. Erickson 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)  
Caleb

2. Surname (Last Name)  
Murphy

3. Date  
27-February-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title  
Achieving Gender Equity in Physician Compensation and Career Advancement: A Policy Position Paper from the American College of Physicians

6. Manuscript Identifying Number (if you know it)  
M17-3438

### 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



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#### 1. Identifying information.

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1. Given Name (First Name)  
Bridget

2. Surname (Last Name)  
McCandless

3. Date  
20-April-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Women's Health Policy in the United States: An American College of Physicians Position Paper

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

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Dr. McCandless has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Tracey

2. Surname (Last Name)

Henry

3. Date

25-April-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Women's Health Policy in the United States: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M17-3344

### Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name) Ayeetin	2. Surname (Last Name) Azah	3. Date 22-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniels
5. Manuscript Title Women's Health Policy in the United States: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) M17-3344		

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