

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.

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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)
Heidi

2. Surname (Last Name)
Nelson

3. Date
27-June-2018

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

5. Manuscript Title
Screening for Urinary Incontinence in Women: A Systematic Review for the Women's Preventive Services Initiative

6. Manuscript Identifying Number (if you know it)
M18-0225

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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Section 6. Disclosure Statement

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Dr. Nelson 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) Liev	2. Surname (Last Name) Miller	3. Date 03-July-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Heidi Nelson
5. Manuscript Title Screening for Urinary Incontinence in Women: A Systematic Review for the Women's Preventive Services Initiative.		
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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Section 1. Identifying Information

1. Given Name (First Name)

Amy

2. Surname (Last Name)

Cantor

3. Date

27-June-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Heidi D. Nelson, MD MPH

5. Manuscript Title

Screening for Urinary Incontinence in Women: A Systematic Review for the Women's Preventive Services Initiative

6. Manuscript Identifying Number (if you know it)

M18-0225

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☐

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☒

No

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☐

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1. Given Name (First Name) Miranda	2. Surname (Last Name) Pappas	3. Date 28-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Heidi D. Nelson, MD, MPH
5. Manuscript Title Screening for Urinary Incontinence in Women: A Systematic Review for the Women's Preventive Services Initiative		
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