

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) Diana | 2. Surname (Last Name) Miglioretti | 3. Date 08-March-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name _____ |
| 5. Manuscript Title National Institutes of Health Pathways to Prevention Workshop: Methods for Evaluating Natural Experiments in Obesity | | |
| 6. Manuscript Identifying Number (if you know it) M18-0501 | | |

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Miglioretti 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)
Chyke

2. Surname (Last Name)
Doubeni

3. Date
08-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karen Emmons

5. Manuscript Title

National Institutes of Health Pathways to Prevention Workshop: Methods for Evaluating Natural Experiments in Obesity

6. Manuscript Identifying Number (if you know it)

M18-0501

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Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Samet

3. Date
09-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
National Institutes of Health Pathways to Prevention Workshop: Methods for Evaluating Natural Experiments in Obesity

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
karen

2. Surname (Last Name)
emmons

3. Date
16-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
National Institutes of Health Pathways to Prevention Workshop: Methods for Evaluating Natural Experiments in Obesity

6. Manuscript Identifying Number (if you know it)
M18-0501

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Dr. emmons has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Maria | 2. Surname (Last Name) Fernandez | 3. Date 27-March-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Karen Emmons |
| 5. Manuscript Title National Institutes of Health Pathways to Prevention Workshop: Methods for Evaluating Natural Experiments in Obesity | | |
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