

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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)

Alina

2. Surname (Last Name)

Salganicoff

3. Date

28-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Amir Qaseem

5. Manuscript Title

Screening for Urinary Incontinence in Women: A Recommendation from the Women's Preventive Services Initiative

6. Manuscript Identifying Number (if you know it)

M18-0595

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 6. Disclosure Statement

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Dr. Salganicoff 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)  
Kimberly

2. Surname (Last Name)  
Gregory

3. Date  
03-July-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Nancy Reilly

5. Manuscript Title  
Screening for Urinary Incontinence in Women: A Recommendation from 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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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
PCORI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no intellectual or financial conflict
California Department Health Human Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no intellectual or financial conflict

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Dr. Gregory reports grants from PCORI, grants from California Department Health Human Services, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Susan	2. Surname (Last Name) Kendig	3. Date 10-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Screening for Urinary Incontinence in Women: A Recommendation from the Women's Preventive Services Initiative		
6. Manuscript Identifying Number (if you know it) M18-0595		

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Dr. Kendig 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) *JERANNE* 2. Surname (Last Name) *CONRY* 3. Date *7-9-2018*

4. Are you the corresponding author?  Yes  No

5. Manuscript Title *Screening for Urinary Incontinence in Women: Are community-based preventive services Efficacious?*

6. Manuscript Identifying Number (if you know it) *M18-0595*

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*Jeanne A Conry*  
*Jeanne A Conry*  
*7-9-2018*



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### Section 1. Identifying Information

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Zahn

3. Date  
13-July-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Nancy O'Reilly

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

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Dr. Zahn has nothing to disclose.

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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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**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)

Jennifer

2. Surname (Last Name)

Frost

3. Date

28-June-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Amir Qaseem

5. Manuscript Title

Screening for Urinary Incontinence in Women: A Recommendation from the Women's Preventive Services Initiative

6. Manuscript Identifying Number (if you know it)

M18-0595

### 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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## 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 29-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Screening for Urinary Incontinence in Women: A Recommendation from the Women's Preventive Services Initiative	_____	
6. Manuscript Identifying Number (if you know it) M18-0595	_____	

### 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. Nelson 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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**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)  
Maureen

2. Surname (Last Name)  
Phipps

3. Date  
28-June-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Amir Qaseem

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

6. Manuscript Identifying Number (if you know it)  
M18-0595

### 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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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American College of Obstetricians & Gynecologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel reimbursed to attend meetings to serve ACOG

### 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. Phipps reports travel reimbursement for volunteer work being done for the American College of Obstetricians & Gynecologists.

### 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)  
Nancy

2. Surname (Last Name)  
O'Reilly

3. Date  
02-July-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Amir Qaseem, MD, PhD, MHA, FACP

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

6. Manuscript Identifying Number (if you know it)  
M18-0595

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

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Health Resources and Services Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The WPSI project is supported by a Federal grant from HRSA, including a portion of my salary as staff to the WPSI project

### 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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Ms. O'Reilly reports grants from Health Resources and Services Administration, during the conduct of the study; .

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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)  
Amir

2. Surname (Last Name)  
Qaseem

3. Date  
21-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Screening for Urinary Incontinence in Women: A Recommendation from the Womens Preventive Services Initiative

6. Manuscript Identifying Number (if you know it)  
M18-0595

### 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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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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Dr. Qaseem 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)

Diana

2. Surname (Last Name)

E. Ramos

3. Date

7/12/19

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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