

### **Instructions**

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### Identifying information.

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

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Salganicoff 1



Section 1. Identifying Inform	n 1. Identifying Information			
1. Given Name (First Name)  2. Surname (Last Name)  Alina  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 V	Vomen: A Recommendatio	n from the Women's Preventive Services Initiative		
6. Manuscript Identifying Number (if you k M18-0595	now it)			
Section 2. The Work Under C	onsideration for Public	ation		
Did you or your institution <b>at any time</b> 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 Vo				
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Salganicoff 2



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Dr. Salganicoff has nothing to disclose.

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Gregory 1



Section 1. Identifying Inform	nation	
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 V	Vomen: A Recommendatio	n from the Women?s Preventive Services Initiative"
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Are there any relevant conflicts of interest informations of interest informations of interest informations in the conflicts of interest informations in the conflicts of interest informations in the conflicts of interest in the conflict in the con		
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal Fees? S	n-Financial Other? Comments
PCORI	<b>✓</b>	no intellectual or financial conflict
California Department Health Human Services	$\checkmark$	no intellectual or financial conflict
Section 4. Intellectual Proper	rty Patents & Copyric	yhts
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Gregory 2



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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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Kendig 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Susan	rst Name)	2. Surname (Last Name) Kendig	3. Date 10-July-2018	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem	
5. Manuscript Title Screening for Uri		/omen: A Recommendatio	on from the Women's Preventive Services Initiative	
6. Manuscript Ider M18-0595	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Kendig 2



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Dr. Kendig has nothing to disclose.

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section I.	Identifying Information
1. Given Name (First Name)	Pirst Name)  2. Surname (Last Name)  CONRY  3. Date  7- 9- 2018
4. Are you the cor	4. Are you the corresponding author? Yes 🔀 No
5. Manuscript Title	the Screening for Wilhard Incontinuous in Women.
6. Manuscript Ide	6. Manuscript Identifying Number (if you know it) YOUNDIVE SEVICES LIMITION
	M18-0393
Did you or your in: any aspect of the s	Did you or your institution <b>at any time</b> 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,
Are there any relevant	Are there any relevant conflicts of interest? Yes XNO
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	Intellectual Property Patents & Copyrights
Do you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🏻 Yes 🌣 🗷 No



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Zahn 1



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Given Name (Fire Christopher Christop	rst Name)	2. Surname (Last Name) Zahn	3. Date 13-July-2018	
4. Are you the cor	corresponding author? Yes V		Corresponding Author's Name Nancy O'Reilly	
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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Frost 1



Section 1.	Identifying Inform	ation		
1. Given Name (Firs Jennifer	t Name)	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 Urin	nary Incontinence in W	omen: A Recommendatio	n from the Women's Preventive Services Initiative	
6. Manuscript Ident M18-0595	ifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
Did you or your institution <b>at any time</b> 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 s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	ty Patents & Copyrig	jhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Frost 2



Section 5. Polationships not sovered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Frost 3



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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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Nelson 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Heidi		2. Surname (Last Name) Nelson	3. Date 29-June-2018	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name	
5. Manuscript Title Screening for Ur		Vomen: A Recommendatio	n from the Women's Preventive Services Initiative	
6. Manuscript Ider M18-0595	ntifying Number (if you kr	now it)	_	
Section 2.	The Work Under C	onsideration for Public	ation	
Did you or your institution <b>at any time</b> 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  Vo				
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Nelson 2



Section 5. Polationships not sovered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have in potentially influencing, what you wrote in the submitted work?	nfluenced, or that give the appearance of
Yes, the following relationships/conditions/circumstances are present (exp	lain below):
✓ No other relationships/conditions/circumstances that present a potential of	onflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and On occasion, journals may ask authors to disclose further information about re	
Section 6. Disclosure Statement	
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Dr. Nelson has nothing to disclose.	

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Phipps 1



Section 1. Identifying Inform	nation			
Given Name (First Name)     Maureen	2. Surname (Last Name) Phipps		3. Date 28-June-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name	
5. Manuscript Title Screening for Urinary Incontinence in V	Vomen: A Recommendatio	on from the Women's	Preventive Services Initiative	
6. Manuscript Identifying Number (if you kr M18-0595	now it)	_		
Section 2. The Work Under C	onsideration for Public	cation		
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Name of Entity	Grant? Personal Noi	n-Financial upport?	Comments	
American College of Obstetricians & Gynecologists			Travel reimbursed to attend meetings to serve ACOG	
Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes V No	

Phipps 2



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Relationships not covered above
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Section 6
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. Phipps reports travel reimbursement for volunteer work being done for the American College of Obstetricians & Gynecologists.

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O'Reilly 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Nancy	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 known M18-0595	ow it)	_		
Section 2. The Work Under Co	nsideration for Public	ation		
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Name of Institution/Company	Grant? Personal Nor	n-Financial other?	Comments	
Health Resources and Services Administration	<b>V</b>		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 a	activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
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Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Cardina C	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Ms. O'Reilly repo	rts grants from Health Resources and Services Administration, during the conduct of the study; .

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Qaseem 1



Section 1. Identifying Inform	nation			
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 V	Vomen: A Recommendation from the Womens Preve	entive Services Initiative		
6. Manuscript Identifying Number (if you kr M18-0595	now it)			
C. Nine 2				
Section 2. The Work Under C	onsideration for Publication			
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Section 4. Intellectual Proper	way Datonte & Consulabte			
intellectual Propel	rty Patents & Copyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Qaseem 2



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Dr. Qaseem has nothing to disclose.

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Qaseem 3



Section 1. Identifying Inform	nation	
1. Given Name (First Name)	2. Surname (Last Name) E. F. G. M.O.  Yes No	7/12/18
4. Are you the corresponding author?	Yes No	
5. Manuscript Title		
6. Manuscript Identifying Number (if you know	ow it)	
Section 2. The Work Under Co	onsideration for Publication	
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest	but not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation,
Section 3. Relevant financial a	activities outside the submitted v	work.
of compensation) with entities as describ	oed in the instructions. Use one line for ort relationships that were <b>present du</b>	ve financial relationships (regardless of amount reach entity; add as many lines as you need by uring the 36 months prior to publication.
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Do you have any patents, whether planne	ed, pending or issued, broadly relevan	at to the work? Yes No



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