

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

Cullen 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Louise	2. Surname (Last Name) Cullen		3. Date 07-December-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's	s Name
5. Manuscript Title Recognizing potential for Overdiagnosi	s: is High Sensitivity Cardia	ac Troponin an Example	2
6. Manuscript Identifying Number (if you kn M18-2645	now it)	_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time receing any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest.	but not limited to grants, da	. , .	•
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	n the table to indicate who ibed in the instructions. Us port relationships that wer est? Yes No	ether you have financia se one line for each enti	ty; add as many lines as you need by
Name of Entity	Grant? Personal Nor	n-Financial Other?	Comments
Alere			
Abbott Diagnositics	✓		
Siemens			
Beckman Coulter	✓		

Cullen 2



Section 4
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Cullen reports personal fees from Alere, grants and personal fees from Abbott Diagnositics, personal fees from Siemens, grants and personal fees from Beckman Coulter, outside the submitted work; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Cullen 3



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earning royalties or not

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

Bell 1



Section 1. Identifying Info	rmation					
1. Given Name (First Name) Katy	2. Surname (Last Name) 3. Date Bell 07-December-2018					
4. Are you the corresponding author?	✓ Yes No					
5. Manuscript Title Recognizing Potential for Overdiagno	osis: Is High Sensitivity Cardiac Troponin an	Example?				
6. Manuscript Identifying Number (if you M8-2645	know it)					
Section 2. The Work Under	Consideration for Publication					
	ing but not limited to grants, data monitoring bo	vernment, commercial, private foundation, etc.) for pard, study design, manuscript preparation,				
Section 3. Relevant financia	al activities outside the submitted wo	ork.				
of compensation) with entities as des	scribed in the instructions. Use one line for e report relationships that were present duri	financial relationships (regardless of amount each entity; add as many lines as you need by ing the 36 months prior to publication.				
Section 4. Intellectual Prop	perty Patents & Copyrights					
Do you have any patents, whether pl	anned, pending or issued, broadly relevant	to the work? Yes V No				

Bell 2



Section 5. Relationships not severed above
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Dr. Bell has nothing to disclose.

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Glasziou 1



Section 1.	ldentifying Inform	ation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Glasziou		3. Date 07-December-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title Recognizing pot		s: is High Sensitivity Car	diac Troponin an Exam	ple?
6. Manuscript Ider M18-2645	ntifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Pub	lication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not limited to grants,	. , ,	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descri	bed in the instructions.	Use one line for each e	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication .
	evant conflicts of intere			
If yes, please fill o	out the appropriate info	ormation below.		
Name of Entity		Grant? Personal N	on-Financial Support? Other	Comments
NHMRC		/		5-year Program Grant (2017-2020) on overdiagnosis
Section 4.	Intellectual Proper	ty Patents & Copy	rights	
Do you have any	patents, whether plani	ned, pending or issued,	broadly relevant to the	work? Yes V No

Glasziou 2



Section 5. Polationships not severed 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?
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Dr. Glasziou reports grants from NHMRC outside the submitted work; .

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Glasziou 3



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Buchbinder 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Rachelle	rst Name)	2. Surname (Last Name) Buchbinder		3. Date 06-December-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nar Katy JL Bell	me
5. Manuscript Title Recognizing pot		s: is High Sensitivity Cardi	iac Troponin an Example?	
6. Manuscript Ider M18-2645	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	n a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Continu 2				
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. U port relationships that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No

Buchbinder 2



Section 5. Polationships not severed above
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Dr. Buchbinder has nothing to disclose.

Evaluation and Feedback

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Buchbinder 3



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Harris 1



Section 1. Identifying Inform	nation		
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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Katy Bell	me
5. Manuscript Title Recognizing potential for Overdiagnos	is: is High Sensitivity Cardi	ac Troponin an Example?	
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Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time receany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the statistical analysis.	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interes	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial rela se one line for each entity; a	dd as many lines as you need by
Section 4. Intellectual Property	utu. Datauta (Carri	uhaa	
intellectual Proper	rty Patents & Copyric	gnts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Harris 2



Section 5.	
	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Continue	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Harris has no	othing to disclose.

Evaluation and Feedback

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Doust 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Jenny	rst Name)	2. Surname (La Doust	st Name)		3. Date 09-December-2018	
4. Are you the cor	responding author?	Yes _✓		responding Authors	or's Name	
5. Manuscript Title Recognizing Pote	e ential for Overdiagnosis	: Is High Sensit	ivity Cardiac Tr	oponin an Exam	pple?	
6. Manuscript Ider	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	nsideration 1	or Publication	n		
any aspect of the s statistical analysis, Are there any rele If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to st? Yes rmation below.	o grants, data mo No If you have mo	onitoring board, st	ent, commercial, private foundation, e tudy design, manuscript preparation, ity press the "ADD" button to add a	
Name of Institut	ion/Company	Grant? Pers	onal Non-Fin	Other•	Comments	
NHMRC		✓			NHMRC ID 1104136	
Section 3.	Relevant financial a	activities out	side the subn	nitted work.		
of compensation clicking the "Add Are there any rele) with entities as descril	oed in the instruort relationship	uctions. Use on	e line for each e	cial relationships (regardless of amentity; add as many lines as you nee e 36 months prior to publication	d by
Section 4.	Intellectual Proper	ty Patents &	& Copyrights			
Do you have any	patents, whether planr	ned, pending or	issued, broadly	relevant to the	work?	

Doust 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.
Sortion 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. Doust reports grants from NHMRC, during the conduct of the study;.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Doust 3



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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

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

Barratt 1



Section 1.	Identifying Inforn	nation				
1. Given Name (First Name) Alexandra		2. Surname (Last Name) Barratt		3. Date 19-December-2018		
4. Are you the corresponding author?		Yes ✓ No Corresponding Aut Dr Catherine Bell		_	hor's Name	
5. Manuscript Title Recognising potential for overdiagnosis: is high senstivity cardiac troponin an example?						
6. Manuscript Ide M18-2645	ntifying Number (if you kı	now it)				
Section 2.	The Work Under C	onsideration f	or 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.)?						
· · · · · · · · · · · · · · · · · · ·	evant conflicts of inter	est? ✓ Yes	No			
	out the appropriate info be removed by pressin		•	n one entity	press the "ADD" button to add a row.	
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Name of Institut	tion/Company	Grant? Perso		Other •	Comments	
National Health and	Medical Research Council					
Section 3.	Relevant financial	activities outs	ide 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						
If yes, please fill o	out the appropriate inf	ormation below.				
Name of Entity		Grant? Perso		Other?	Comments	
Preventing Overdiag Conference	nosis International			✓ ac	o Chair Conference Scientific ommittee. In this role I have commodation costs to attend onference paid for me and onference registration fee waived.	

Barratt 2



Section 4					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					
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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Dr. Barratt reports grants from National Health and Medical Research Council, during the conduct of the study; other from Preventing Overdiagnosis International Conference, outside the submitted work; .					

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Barratt 3



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3. Relevant financial activities outside the submitted work.

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Smith 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Leon	2. Surname (Last Name) Smith	3. Date 19-December-2018				
4. Are you the corresponding author?	✓ Yes No					
5. Manuscript Title Recognizing potential for Overdiagnosis: is High Sensitivity Cardiac Troponin an Example?						
6. Manuscript Identifying Number (if you know it) M18-2645						
Section 2. The Work Under Co	onsideration for Publication					
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Section 3. Relevant financial	activities outside the submitted work.					
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Section 4. Intellectual Proper	rty Patents & Copyrights					
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V						

Smith 2



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Section 6. Disclosure Statement				
Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Smith has nothing to disclose.				

Evaluation and Feedback

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