

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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2. The work under consideration for publication.

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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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Pending: The patent has been filed but not issued

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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) Lauri	2. Surname (Last Name) Hicks	3. Date 13-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians		
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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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. Hicks 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) ROA 2. Surname (Last Name) JAIRO 3. Date 6-1-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title

"Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

M18-3279

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary Ann	2. Surname (Last Name) Forcica	3. Date 23-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Evaluation of Patients with Suspected Pulmonary Embolism: A Guideline from the ACP		
6. Manuscript Identifying Number (if you know it)		

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Dr. Forcica has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Reem

2. Surname (Last Name)
Mustafa

3. Date
22-May-2019

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

5. Manuscript Title
Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

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Dr. Mustafa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Carolyn

2. Surname (Last Name)
Crandall

3. Date
08-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title
Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians

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Section 1. Identifying Information

1. Given Name (First Name)
Janice

2. Surname (Last Name)
Tuft

3. Date
09-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians"

6. Manuscript Identifying Number (if you know it)
M18-3279

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Ms. Tufte has nothing to disclose.

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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) Sandeep	2. Surname (Last Name) Vijan	3. Date 11-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M18-3279		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Vijan 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)
Amir

2. Surname (Last Name)
Qaseem

3. Date
08-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)
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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)

Timothy

2. Surname (Last Name)

Wilt

3. Date

08-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Qaseem

5. Manuscript Title

Disclosures of interests and management of conflicts of interest

6. Manuscript Identifying Number (if you know it)

M18-3279

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Devan	2. Surname (Last Name) Kansagara	3. Date 08-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians		
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Dr. Kansagara 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)

Jennifer

2. Surname (Last Name)

Lin

3. Date

08-March-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

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Dr. Lin 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) carrie	2. Surname (Last Name) horwitch	3. Date 11-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title "Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) M18-3279		

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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

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Dr. horwitch has nothing to disclose.

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1. Given Name (First Name) nick	2. Surname (Last Name) fitterman	3. Date 08-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title "Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians"		
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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. fitterman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) McLean	3. Date 11-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title "Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines: Methods from the Clinical Guidelines Committee of the American College of Physicians"		
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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Maroto

3. Date
10-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Methods from the Clinical Guidelines Committee of the American College of Physicians

6. Manuscript Identifying Number (if you know it)
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