

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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4. Intellectual Property.

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

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Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Rocco

2. Surname (Last Name)

Pallin

3. Date

26-September-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Garen Wintemute

5. Manuscript Title

Preventing Firearm Violence

6. Manuscript Identifying Number (if you know it)

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

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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.

Ms. Pallin 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)
Garen

2. Surname (Last Name)
Wintemute

3. Date
05-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Firearm Violence Prevention

6. Manuscript Identifying Number (if you know it)

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

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
Heising-Simons Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The California Wellness Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wintemute reports grants from Heising-Simons Foundation and The California Wellness Foundation during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Marian	2. Surname (Last Name) Betz	3. Date 18-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title TBD - ITC firearms	_____	
6. Manuscript Identifying Number (if you know it) TBD	_____	

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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Dr. Betz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____
Megaan

2. Surname (Last Name) _____
Ranney

3. Date _____
18-September-2018

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

5. Manuscript Title _____
TBD (Firearm ITC)

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

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NICHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	firearm injury prevention grant

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIMH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant on firearm injury grant

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Section 4. Intellectual Property -- Patents & Copyrights

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Pro bono officer for American Foundation for Firearm Injury Reduction in Medicine (AFFIRM)

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Dr. Ranney reports grants from NICHD, during the conduct of the study; grants from NIMH, outside the submitted work; and Pro bono officer for American Foundation for Firearm Injury Reduction in Medicine (AFFIRM).

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Section 1. Identifying Information

1. Given Name (First Name) Sarabeth	2. Surname (Last Name) Spitzer	3. Date 19-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title In the Clinic _____		
6. Manuscript Identifying Number (if you know it) _____		

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