

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.

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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)
Douglas

2. Surname (Last Name)
Owens

3. Date
09-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title
Would You Recommend PSA Screening for this Patient?

6. Manuscript Identifying Number (if you know it)
M19-1072

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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Dr. Owens 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) Aria	2. Surname (Last Name) Olumi	3. Date 05-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Would You Recommend PSA Screening for this Patient?		
6. Manuscript Identifying Number (if you know it) M19-1072		

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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1. Given Name (First Name)
Gerald

2. Surname (Last Name)
Smetana

3. Date
09-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title
Would you recommend PSA screening for this patient?

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Section 1. Identifying Information

1. Given Name (First Name)

Risa

2. Surname (Last Name)

Burns

3. Date

01-April-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Would you recommend PSA screening for this patient?

6. Manuscript Identifying Number (if you know it)

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