

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

- 1. **Are you the corresponding author?**
No.
- 2. **What is the Manuscript Title?**
Unwanted Medication Disposal: Assessment of California Pharmacy Practices
- 3. **What is the Manuscript Identifying Number (if you know it)?**
- 4. **For each financial interest, you must indicate whether the interest or relationship represents:**
 - o Support of the submitted work at any time, from the initial conception and planning to the present;
 - o A relevant financial activity outside the submitted work that was present in the past 36 months; or
 - o A relationship or activity not covered above.
- 5. **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?**
No.
- 6. **Have you disclosed in the previous steps all 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.

Certification

I certify that the information provided in this disclosure is complete and accurate, and I acknowledge that this disclosure form will be published by *Annals of Internal Medicine*.

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

- 1. **Are you the corresponding author?**
No.
- 2. **What is the Manuscript Title?**
Unwanted Medication Disposal: Assessment of California Pharmacy Practices
- 3. **What is the Manuscript Identifying Number (if you know it)?**
- 4. **For each financial interest, you must indicate whether the interest or relationship represents:**
 - Support of the submitted work at any time, from the initial conception and planning to the present;
 - A relevant financial activity outside the submitted work that was present in the past 36 months; or
 - A relationship or activity not covered above.
- 5. **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?**
No.
- 6. **Have you disclosed in the previous steps all 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.

Certification

I certify that the information provided in this disclosure is complete and accurate, and I acknowledge that this disclosure form will be published by *Annals of Internal Medicine*.

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Unwanted Medication Disposal: Assessment of California Pharmacy Practices

3. **What is the Manuscript Identifying Number (if you know it)?**

M19-2409

4. **For each financial interest, you must indicate whether the interest or relationship represents:**

- Support of the submitted work at any time, from the initial conception and planning to the present;
- A relevant financial activity outside the submitted work that was present in the past 36 months; or
- A relationship or activity not covered above.

5. **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?**

No.

6. **Have you disclosed in the previous steps all 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.

Certification

I certify that the information provided in this disclosure is complete and accurate, and I acknowledge that this disclosure form will be published by *Annals of Internal Medicine*.

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Are you the corresponding author?**
Yes.
2. **What is the Manuscript Title?**
Unwanted Medication Disposal: Audit of California Pharmacy Advice
3. **What is the Manuscript Identifying Number (if you know it)?**
M19-2409
4. **For each financial interest, you must indicate whether the interest or relationship represents:**
 - Support of the submitted work at any time, from the initial conception and planning to the present;
 - A relevant financial activity outside the submitted work that was present in the past 36 months; or
 - A relationship or activity not covered above.
5. **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?**
No.
6. **Have you disclosed in the previous steps all 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.

Certification

I certify that the information provided in this disclosure is complete and accurate, and I acknowledge that this disclosure form will be published by *Annals of Internal Medicine*.

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

- 1. **Are you the corresponding author?**
No.
- 2. **What is the Manuscript Title?**
Unwanted Medication Disposal: Assessment of California Pharmacy Practices
- 3. **What is the Manuscript Identifying Number (if you know it)?**
M19-2409
- 4. **For each financial interest, you must indicate whether the interest or relationship represents:**
 - o Support of the submitted work at any time, from the initial conception and planning to the present;
 - o A relevant financial activity outside the submitted work that was present in the past 36 months; or
 - o A relationship or activity not covered above.
- 5. **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?**
No.
- 6. **Have you disclosed in the previous steps all 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.

Certification

I certify that the information provided in this disclosure is complete and accurate, and I acknowledge that this disclosure form will be published by *Annals of Internal Medicine*.