

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kathleen
2. Surname (Last Name)  
Finn
3. Date  
16-October-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
Misinterpretation of the American Board of Internal Medicine Leave Policies for Resident Physicians around Parental Leave
6. Manuscript Identifying Number (if you know it)  
M19-2490

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Finn 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) Michael	2. Surname (Last Name) Kisielewski	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Misinterpretation of the American Board of Internal Medicine Leave Policies for Resident Physicians around Parental Leave	_____	
6. Manuscript Identifying Number (if you know it) M19-2490	_____	

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Dr. Kisielewski has nothing to disclose.

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1. Given Name (First Name) Furman S	2. Surname (Last Name) McDonald	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Finn
5. Manuscript Title Misinterpretation of the American Board of Internal Medicine Leave Policies for Resident Physicians around Parental Leave		
6. Manuscript Identifying Number (if you know it) M19-2490		

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Dr. McDonald 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) Michael	2. Surname (Last Name) Melfe	3. Date 01-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Finn, MD
5. Manuscript Title Misinterpretation of Specialty Board Leave Policies for Resident Physicians around Parental Leave		
6. Manuscript Identifying Number (if you know it) M19-2490		

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### Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Willett

3. Date

15-October-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Misinterpretation of the American Board of Internal Medicine Leave Policies for Resident Physicians around Parental Leave

6. Manuscript Identifying Number (if you know it)

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

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**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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Aimee
2. Surname (Last Name)  
Zaas
3. Date  
16-October-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
Misinterpretation of the American Board of Internal Medicine Leave Policies for Resident Physicians around Parental Leave
6. Manuscript Identifying Number (if you know it)  
M19-2490

### 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

### Section 3. Relevant financial activities outside 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**.

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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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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.

### 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. Zaas has nothing to disclose.

### Evaluation and Feedback

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