

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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

mulrow 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi cynthia	rst Name)	2. Surname (Last Name) mulrow	3. Date 03-October-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Localio
5. Manuscript Title Advancing personalized medicine throu		ugh prediction	
6. Manuscript Ide M19-3010	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyrig	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

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Section 5.			
Section 5.	Relationships not covered above		
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest		
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements als may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Griswold 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Michael		2. Surname (Last Name) Griswold		3. Date 18-October-2019	
4. Are you the corresponding author?		Yes	No		
5. Manuscript Title Advancing personalized medicine throu		ugh prediction			
6. Manuscript Identifying Number (if you know it) M19-3010					
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 Vo					
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Section 3.	Relevant financial	activities ou	tside the submitted	work.	
of compensation clicking the "Add	n) with entities as descr	ibed in the inst port relationshi	ructions. Use one line fo	or each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
	ı				
Section 4.	Intellectual Prope	rty Patents	& Copyrights		
Do you have any	patents, whether plan	ned, pending o	or issued, broadly releva	nt to the work?	? ☐ Yes ✓ No

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Section 5. Relationships not severed above	,		
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Dr. Griswold has nothing to disclose.			

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Localio 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Russell	2. Surname (Last Name) Localio	3. Date 05-October-2019		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Advancing personalized medicine thro	5. Manuscript Title Advancing personalized medicine through prediction			
6. Manuscript Identifying Number (if you kr m19-3010	i. Manuscript Identifying Number (if you know it) n19-3010			
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Section 4. Intellectual Proper	rty Patents & Copyrights			
	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No		

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