

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sandra	2. Surname (Last Name) Millon-Underwood	3. Date 02-February-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tim Carey MD MPH Sarah Graham Kenan Professor of Me
5. Manuscript Title National Institutes of Health Pathways to Prevention Workshop: Achieving Health Equity in Preventive Services		
6. Manuscript Identifying Number (if you know it) June 19?20, 2019"		

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Dr. Millon-Underwood 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)
Susan

2. Surname (Last Name)
Koch-Weser

3. Date
05-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tim Carey

5. Manuscript Title
National Institutes of Health Pathways to Prevention Workshop: Achieving Health Equity in Preventive Services June 19-20, 2019

6. Manuscript Identifying Number (if you know it)

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Dr. Koch-Weser has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Teutsch

3. Date
14-November-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Tim Carey

5. Manuscript Title
National Institutes of Health Pathways to Prevention Workshop: Achieving Health Equity in Preventive Services June 19–20, 2019

6. Manuscript Identifying Number (if you know it)
M19-3171

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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
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honarium/ travel

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Dr. Teutsch reports other from NIH , during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

doug

2. Surname (Last Name)

campos-outcalt

3. Date

03-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

tim carey

5. Manuscript Title

National Institutes of Health Pathways to Prevention Workshop: Achieving Health Equity in Preventive Servic

6. Manuscript Identifying Number (if you know it)

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Dr. campos-outcalt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Betty	2. Surname (Last Name) Bekemeier	3. Date 14-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title National Institutes of Health Pathways to Prevention Workshop: Achieving Health Equity in Preventive Services June 19-20,	_____	
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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) Timothy 2. Surname (Last Name) Carey 3. Date 15-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
National Institutes of Health Pathways to Prevention Workshop: Achieving Health Equity in Preventive Services June 19-20 2019

6. Manuscript Identifying Number (if you know it)
M19-3171

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Modest honorarium for days at the conference

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**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH: National Center for Advancing Translational Science	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

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. Carey reports other from null, during the conduct of the study; grants from NIH: National Center for Advancing Translational Science, outside the submitted work; .

Evaluation and Feedback

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