

#### **Instructions**

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# 4. Intellectual Property.

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

# Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Quiñones 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Ana	2. Surname (Last Name) Quiñones		3. Date 04-December-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan Heidi Nelson	ne
5. Manuscript Title Achieving Health Equity in Preventive S Workshop	Services: Systematic Reviev	w for a National Institutes of	Health Pathways to Prevention
6. Manuscript Identifying Number (if you kr M19-3199	now it)	_	
Continue 2			
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described the "Add +" box. You should replace there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	se one line for each entity; ac	dd as many lines as you need by
Section 4. Intellectual Proper			
Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	☐ Yes 🗸 No

Quiñones 2



Section 5.					
Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):				
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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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Quiñones ha	s nothing to disclose.				

## **Evaluation and Feedback**

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Wagner 1



Section 1. Identifying Inform	ation		
Given Name (First Name)  JEsse	2. Surname (Last Name) Wagner		3. Date 04-December-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title Achieving Health Equity in Preventive So Workshop	ervices: Systematic Reviev	ı for a National Institu	utes of Health Pathways to Prevention
6. Manuscript Identifying Number (if you kn M19-3199	ow it)		
Section 2. The Work Under Co	onsideration for Public	ation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da st?  Yes  No rmation below. If you hav	ta monitoring board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Agency for Healthcare Research and Quality			Institution received contract to conduct evidence review.
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	n the table to indicate who bed in the instructions. Us ort relationships that wer st? Yes 🗸 No	ether you have finance e one line for each er e <b>present during th</b> o	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Wagner 2



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Mr. Wagner reports other from Agency for Healthcare Research and Quality, during the conduct of the study; .

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patent

Jungbauer 1



Section 1. Identifying l	nformation	
1. Given Name (First Name) Rebecca	2. Surname (Last Name) Jungbauer	3. Date 04-December-2019
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Heidi D. Nelson
<ul><li>5. Manuscript Title</li><li>Achieving Health Equity in Prevention</li><li>Workshop</li><li>6. Manuscript Identifying Number (if</li></ul>	·	for a National Institutes of Health Pathways to Prevention
M19-3199	you know ity	
Section 2. The Week Up		
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		ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of		a mare than ano antity prose the "ADD" button to add a row
Excess rows can be removed by p		e more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant•	-Financial Other? Comments
National Institutes of Health (NIH) Office Disease Prevention	of	NIH-ODP through an interagency agreement with the Agency for Healthcare Research and Quality (Contract No. 290-2015-00009I).
Section 3. Relevant fina	ncial activities outside the su	ubmitted work.
of compensation) with entities as clicking the "Add +" box. You sho	described in the instructions. Use uld report relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
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Jungbauer 2



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Dr. Jungbauer reports a grant from National Institutes of Health (NIH) Office of Disease Prevention through an interagency agreement with the Agency for Healthcare Research and Quality during the conduct of the study.

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Cantor 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Amy	2. Surname (Last Name) Cantor	3. Date 04-December-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
<ul><li>5. Manuscript Title</li><li>Achieving Health Equity in Preventive S</li><li>Workshop</li><li>6. Manuscript Identifying Number (if you kn)</li><li>M19-3199</li></ul>	<u> </u>	w for a National Institutes of Health Pathways to Prevention
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Did you or your institution <b>at any time</b> rece	ive payment or services from g but not limited to grants, da	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Cantor 2



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Dr. Cantor has nothing to disclose.

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Nelson 1



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4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title Achieving Health Workshop		ervices: Syst	ematic Review for a Na	itional Institutes of	f Health Pathways to Prevention
6. Manuscript Ider M19-3199	ntifying Number (if you kn	now it)			
Section 2.	The Work Under Co	onsideratio	on for Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limite	ed to grants, data monito		mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Dalamant financial	4::4:			
Place a check in to of compensation clicking the "Add	the appropriate boxes i a) with entities as descri	n the table to bed in the in port relations	nstructions. Use one lin ships that were <b>preser</b>	u have financial rel e for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	tv Paten	ts & Copyrights		
Do you have any		<u> </u>		evant to the work?	? ☐ Yes ☐ No
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No					

Nelson 2



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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

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

# Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

Stillman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Lucy	rst Name)	2. Surname (Last Name) Stillman	3. Date 04-December-2019
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Jesse Wagner
Workshop		·	v for a National Institutes of Health Pathways to Prevention
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	n the table to indicate wh bed 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 se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Stillman 2



Section 5. Relationships not covered above
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.
Ms. Stillman has nothing to disclose.

## **Evaluation and Feedback**

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

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#### **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.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Kondo 1



Section 1. Identifying In	formation	
1. Given Name (First Name) Karli	2. Surname (Last Name) Kondo	3. Date 10-December-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Heidi Nelson
5. Manuscript Title Achieving Health Equity in Preventive Services: Systematic Review for a National Institutes of Health Pathways to Prevention Workshop		
6. Manuscript Identifying Number (if you know it) M19-3199		
Section 2. The Work Under Consideration for Publication		
Did you or your institution <b>at any time</b> 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 finan	cial activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo		
Section 4. Intellectual Pro	operty Patents & Copyric	yhts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo		

Kondo 2



Section 5. Relationships not sovered above		
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		
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Section 6. Disclosure Statement		
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