

Instructions

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Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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4. Other relationships.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Julie	rst Name)	2. Surname (Last Name) Nyquist		3. Effective Date (07-August-2008) 09-November-2010
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam Patrick G. O'Connor, MD, M	
5. Manuscript Title Integrating Addi		raduate Medical Educatior	in Primary Care: The Time Ha	as Come
6. Manuscript Ide	ntifying Number (if you l	know it)	_	

Section 2. The Work Under Consideration for Publication

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Und	er Consideration f	or Pub	lication				
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		\checkmark					×
							ADD

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 submission.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy		✓		White Memorial Medical Center, Los Angeles, CA	I consult in relation to teaching, learning, and evaluation - that same knowledge was used to contribute to this article	×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties			✓	One reference is a book where royalties are paid to an institution that I work with		×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		✓		To assist in conducting a regional SBIRT workshop on how to teach SBIRT to residents - the hotel room was paid by CSAM - no direct payment to me		×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD

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Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No'

Evaluation and Feedback

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

FAX TRANSMISSION

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Amanda Neiley
Annals of Internal Medicine

Fax: 215 351 2644

From:

Patrick O'Connor

Date:

November 16, 2010

Subject:

Annals Conflict of Interest Form

Pages:

6

(including this one)

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O'Connor



1. Given Name (First Name) Patrick	2. Surname (Last Name) O'Connor	3. Effective Date (07-August-2008 16-November-2010
4. Are you the corresponding author	? ✓ Yes No	<u> </u>
i. Manuscript Title ntegrating Addiction Medicine In he Time Has Come	to Graduate Medical Education in Primary Ca	are:
i. Manuscript Identifying Number (if M10-1885	you know it)	

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The Work Unde	er Consideration fo	r Publication		·		
The second secon	pro de la companya d	Money A No Paid To You in		Name of Entity	Comments*	
1. Grant						X
2. Consulting fee	or honorarium					AND
3. Support for tra- the study or off	vel to meetings for her purposes		Bet	ty Ford Institute	Travel expenses to conference reimbursed.	X
boards, statistic	is data monitoring					A.D.D.
5. Payment for wr the manuscript	iting or reviewing			mer i renginga ne gyenrik i NY SERING TAK BENESTAK. IP ANAMAKA I		ADD ×
6. Provision of wri medicines, equi administrative s	pment, or					ADD



The Work Under Considerati	on for Publication				
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					EMPLET
7. Other			e		· X
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Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities ou	ıtside the	submitt	ed work			
Type of Relationship (in alphabetical order)	No.	Paid to	Money to Your Institution	Entity	Comments	100 100 200 200 100 100 100 100 100 100
1, Board membership				American Board of Addiction Medicine	Unpaid member of the board	X
1. Board membership				Association for Medical Education and Research on Substance Abuse	Unpaid member of the	N 100
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2. Consultancy				Various law firms	I have received payment for case reviews for law firms regarding potential medical malpractice	
PARTY OF THE TAX THE TAX TO SEE THE	Work was and an arrange			A for the constant of the cons		-ADD
3. Employment	. ✓.					×
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4. Expert testimony						ADD
5. Grants/grants pending				10 10 11 10 100 100 10 10 10 10 10 10 10	10 AND 1-11 IN LIGHT 1-14 ALT THAT AND A SHEET THAT A SHE	

O'Connor

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Relevant financial activities outsi	ide the submitted w	ork		
Type of Relationship (in alphabetical order)	No Paid to Y	ney to our Entity tution	Comments	
6. Payment for lectures including service on speakers bureaus		Various Academic Institutions	I have received payment from academic institutions (honoria and travel expenses) for "visiting professorships" and lectures.	ADD ×
7. Payment for manuscript preparation		Textbook Publishers	I have received honoria for preparing chapters for textbooks (eg: Cecíl Medicine and ACP Medicine).	ADD X
8, Patents (planned, pending or issued)				
9. Royalties				ADD.
10. Payment for development of educational presentations				ADD Fallens No.
.11. Stock/stock options		11 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**				VADD
13. Other (err on the side of full disclosure)				ADD 5-34
		* ,		7/55

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1. Glyen Name (First Name)		2. Surname (Last Name) Mclellan				3. Effective Date (07-August-2008)		
4. Are you the co	rresponding author?	Yes	No			•		110
5. Manuscript Titl	•		ş ×	٠				*
6. Manuscript Ide	ntifying Number (if you kn	ow it)	e name unto ten nome de la filo, cual consequente en el comin e que quali	Materiana and series or a	<i>-</i>		and the same of th	
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Relevant financial activities out	side the	submit	ted work	The second second		
Type of Relationship (in alphabetical order)	₹Vo	Money Paid to You	Money to Your Institution*	Entity	Comments	
				Discontinue	d all Boards	\mathbf{x}
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	X		.	White Memorial Medical Center, Los Angèles, CA	I consult in relation to teaching, learning, and evaluation - that same knowledge was used to contribute to this article	×
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Use this section to provide any needed explanation.



Relevant financial activities ou	tside the culmitted			
Type of Relationship (in alphabetical order)	Money Me Ne Paid to Y	riev to our Entity tution	Comments	
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		book where royalties are paid to an institution that I work with		×
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		To assist in conducting a regional SBIRT workshop on how to teach SBIRT to		
		residents - the hotel room was paid by CSAM - no direct payment to me	ä	×
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Hide All Table Rows Checked 'No'

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I discontinued all work, consultantielations, Boards, speaking for pay, etc when I took the gov. job I held doring the preparation of this manuscript.