

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)
Sarah

2. Surname (Last Name)
Candler

3. Date
16-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Health and Public Policy to Facilitate Effective Prevention and Treatment of Substances Use Disorders involving Illicit and Prescription Drugs: An American College of Physicians Position Paper"

6. Manuscript Identifying Number (if you know it)

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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Dr. Candler has nothing to disclose.

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1. Given Name (First Name)
Sarah

2. Surname (Last Name)
Ahmed

3. Date
16-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ryan Crowley

5. Manuscript Title
Health and Public Policy to Facilitate Effective Prevention and Treatment of Substances Use Disorders involving Illicit and Prescription Drugs: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)
M16-2953

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Dr. Ahmed has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Heather

2. Surname (Last Name)
Gantzer

3. Date
15-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ryan Crowley

5. Manuscript Title
"Health and Public Policy to Facilitate Effective Prevention and Treatment of Substances Use Disorders involving Illicit and Prescription Drugs: An American College of Physicians Position Paper"

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Crowley

3. Date
02-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Health and Public Policy to Facilitate Effective Prevention and Treatment of Substances Use Disorders involving Illicit and Prescription Drugs: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Dunn	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Prevention and Treatment of Substance Use Disorders: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M16-2953		

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Section 1. Identifying Information

1. Given Name (First Name) Bridget	2. Surname (Last Name) McCandless	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ACP
5. Manuscript Title Prevention and Treatment of Substance Use Disorders: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M16-2953		

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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Section 6. Disclosure Statement

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Dr. McCandless has nothing to disclose.

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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) Joshua	2. Surname (Last Name) Lenchus	3. Date 03-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Prevention and Treatment of Substance Use Disorders: A Position Paper of the American College of Physicians	_____	
6. Manuscript Identifying Number (if you know it) M16-2953	_____	

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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Lenchus has nothing to disclose.

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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) George	2. Surname (Last Name) Abraham	3. Date 07-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Prevention and Treatment of Substance Use Disorders: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M16-2953		

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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Abraham has nothing to disclose.

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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) Neil	2. Surname (Last Name) Kirschner	3. Date 05-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Prevention and Treatment of Substance Use Orders -- A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M16-2953		

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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Kirschner has nothing to disclose.

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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) James	2. Surname (Last Name) Bush	3. Date 13-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Prevention and treatment of Substance Use Disorders		
6. Manuscript Identifying Number (if you know it) M16-2953		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bush 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) Joseph	2. Surname (Last Name) Li	3. Date 06-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Prevention and Treatment of Substance Use Disorders: A Position Paper of the American College of Physicians		
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Dr. Li 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)
Danny

2. Surname (Last Name)
Newman

3. Date
02-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prevention and Treatment of Substance Use Disorders

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Newman 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)

Tracey

2. Surname (Last Name)

Henry

3. Date

02-February-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Prevention and Treatment of Substance Use Disorders: A Position Paper of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M16-2953

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Henry 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) Gregory	2. Surname (Last Name) Kane	3. Date 09-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ACP Health and Public Policy Committee
5. Manuscript Title Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities: Executive Summary of a Policy 2 Position Paper From The American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-2482		

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sue	2. Surname (Last Name) Bornstein	3. Date 15-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Prevention and Treatment of Substance Use Disorders: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it)		

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