ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   LeFevre

3. Date  
   04-August-2014

4. Are you the corresponding author?  
   ✔ Yes  ❌ No

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

6. Manuscript Identifying Number (if you know it)  

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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?  
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Dr. LeFevre has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Linda

2. Surname (Last Name)  
   Baumann

3. Date  
   06-August-2014

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Michael LeFevre

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

6. Manuscript Identifying Number (if you know it)

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   ✔ No

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Dr. Baumann has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kirsten

2. Surname (Last Name)  
   Bibbins-Domingo

3. Date  
   04-August-2014

4. Are you the corresponding author?  
   ✔ Yes  
   ✔ No

   Corresponding Author’s Name  
   Michael LeFevre

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

6. Manuscript Identifying Number (if you know it)

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Dr. Bibbins-Domingo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Susan

2. Surname (Last Name)  
   Curry

3. Date  
   04-August-2014

4. Are you the corresponding author?  
   Yes  No  ✔

Corresponding Author’s Name
   Michael LeFevre

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Karina

2. **Surname (Last Name)**
   Davidson

3. **Date**
   06-August-2014

4. Are you the corresponding author?  
   Yes  ✔  No

   **Corresponding Author’s Name**
   Michael LeFevre, MD

5. **Manuscript Title**
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

6. **Manuscript Identifying Number (if you know it)**

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Davidson has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>Mark</td>
<td>Ebell</td>
<td>01-August-2014</td>
</tr>
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</table>

4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Are there any relevant conflicts of interest? [ ] Yes [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] 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?

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Dr. Ebell 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)  
   Francisco

2. Surname (Last Name)  
   Garcia

3. Date  
   04-August-2014

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Michael L. LeFevre

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

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Dr. Garcia 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)  
   Matthew  

2. Surname (Last Name)  
   Gillman  

3. Date  
   04-August-2014  

4. Are you the corresponding author?  
   ✔ No  

Corresponding Author’s Name  
Michael L. LeFevre  

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors  

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Are there any relevant conflicts of interest?  
✔ No  

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Are there any relevant conflicts of interest?  
✔ Yes  

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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## Identifying Information

1. Given Name (First Name)  
   Jessica

2. Surname (Last Name)  
   Herzstein

3. Date  
   08-August-2014

4. Are you the corresponding author?  
   ✔ No

 Corresponding Author’s Name  
 Michael LeFevre

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alex

2. Surname (Last Name)  
   Kemper

3. Date  
   05-August-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   LeFevre

5. Manuscript Title  
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Dr. Kemper has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Ann

2. Surname (Last Name)  
   Kurth

3. Date  
   02-August-2014

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
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   Yes

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Are there any relevant conflicts of interest?  
   Yes

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes

Kurth
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**Section 5. Relationships not covered above**

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Dr. Kurth 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)  
   Douglas

2. Surname (Last Name)  
   Owens

3. Date  
   04-August-2014

4. Are you the corresponding author?  
   Yes ✗ No

   Corresponding Author’s Name  
   Michael LeFevre

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

6. Manuscript Identifying Number (if you know it)

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Dr. Owens has nothing to disclose.

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<tbody>
<tr>
<td>William</td>
<td>PHILLIPS</td>
<td>02-August-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name

Michael LeFevre

5. Manuscript Title

Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

6. Manuscript Identifying Number (if you know it)

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Dr. PHILLIPs 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) Maureen
2. Surname (Last Name) Phipps
3. Date 01-August-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors
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? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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<tbody>
<tr>
<td>Michael</td>
<td>Pignone</td>
<td>04-August-2014</td>
</tr>
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</table>

4. Are you the corresponding author? Yes □ No ☑

5. Manuscript Title
Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

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Dr. Pignone has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Albert
2. Surname (Last Name)  
   Siu
3. Date  
   05-August-2014
4. Are you the corresponding author?  
   Yes  ✔  No  
   Corresponding Author's Name  
   Mike Lefevre

5. Manuscript Title  
   Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors
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