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

<table>
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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Michael</td>
<td>LeFevre</td>
<td>06-August-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

6. Manuscript Identifying Number (if you know it)

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- [x] No

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Dr. LeFevre has nothing to disclose.

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<tbody>
<tr>
<td>Lisa</td>
<td>Nicolella</td>
<td>10-September-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

LeFevre

5. Manuscript Title

Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia: U.S. Preventive Services Task Force Recommendation Statement

6. Manuscript Identifying Number (if you know it)

m14-1884

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Baumann
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Linda

2. Surname (Last Name)  
   Baumann

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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Dr. Baumann has nothing to disclose.

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Bibbins-Domingo
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) 
Kristin

2. Surname (Last Name) 
Bibbins-Domingo

3. Date 
08-August-2014

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

Corresponding Author’s Name
Michael LeFevre

5. Manuscript Title
Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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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  
   08-August-2014

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

Corresponding Author’s Name  
Michael LeFevre

5. Manuscript Title  
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Dr. Curry 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)  
Karina

2. Surname (Last Name)  
Davidson

3. Date  
07-August-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Michael LeFevre

5. Manuscript Title  
Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Davidson reports non-financial support from Partnership for Prevention, outside the submitted work;

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Ebell
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Ebell

3. Date  
08-August-2014

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

Corresponding Author’s Name  
Michael LeFevre

5. Manuscript Title  
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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  08-August-2014

4. Are you the corresponding author?  □ Yes  ☑ No
Corresponding Author's Name  Michael LeFevre

5. Manuscript Title
Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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Dr. Garcia has nothing to disclose.

Evaluation and Feedback

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<thead>
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<th><strong>Conflict of Interest</strong></th>
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<td>I, the undersigned, certify that the information provided is true and complete to the best of my knowledge.</td>
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<th><strong>Additional Information</strong></th>
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**NOTE:** This form is designed to document and manage conflicts of interest. It is important to provide accurate information to ensure compliance with ethical standards and legal requirements.
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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                     07-August-2014

4. Are you the corresponding author? □ Yes □ No
   Corresponding Author's Name
   Michael LeFevre

5. Manuscript Title
   Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jessica
2. Surname (Last Name)  Herzstein
3. Date  08-August-2014
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author's Name  Michael LeFevre
5. Manuscript Title  Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia
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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

Herzstein
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Herzstein 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)  ALEX
2. Surname (Last Name) KEMPER
3. Date 06-August-2014

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name
   LeFevre

5. Manuscript Title
   Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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? ☐ Yes ☑ No
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Dr. KEMPER has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ann
2. Surname (Last Name) Kurth
3. Date 07-August-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name Michael LeFevre

5. Manuscript Title
   Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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
If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Dr. Kurth reports non-financial support from Partnership for Prevention, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael
2. Surname (Last Name)  
   LeFevre
3. Date  
   06-August-2014

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

5. Manuscript Title  
   Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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Dr. LeFevre 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  
   08-August-2014

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

Corresponding Author’s Name  
Lefevre

5. Manuscript Title  
   Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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Yes [x]  No

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Dr. Owens reports other from USPSTF/ during the conduct of the study.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   PHILLIPS

3. Date  
   08-August-2014

4. Are you the corresponding author?  
   [ ] Yes  [X] No  
   Corresponding Author’s Name  
   LeFevre

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Dr. PHILLIPS has nothing to disclose.

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

5. **Relationships not covered above.**
   
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**Other:** Anything not covered under the previous three boxes

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**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
Section 1. Identifying Information

1. Given Name (First Name)  
   Maureen

2. Surname (Last Name)  
   Phipps

3. Date  
   07-August-2014

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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?  
   No

Section 3. Relevant financial activities outside the submitted work.

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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?  
   No
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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. Phipps has nothing to disclose.

Evaluation and Feedback

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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.

1. 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".

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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) Pignone
3. Date 07-August-2014

4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Michael LeFevre

5. Manuscript Title
   Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership for Prevention</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[✓]</td>
<td>[ ]</td>
<td>travel to meetings related to aspirin use</td>
</tr>
</tbody>
</table>

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. Pignone reports non-financial support from Partnership for Prevention, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Albert
2. Surname (Last Name)  Siu
3. Date  08-August-2014

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

Corresponding Author’s Name  Michael LeFevre

5. Manuscript Title
Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

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