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)  2. Surname (Last Name)  3. Date
Linda  Baumann  06-July-2015

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

Corresponding Author's Name
Albert Siu

5. Manuscript Title
Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Baumann 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)  
   Kirsten

2. Surname (Last Name)  
   Bibbens-Domingo

3. Date  
   06-July-2015

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

   Corresponding Author's Name  
   Albert Siu

5. Manuscript Title  
   Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

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)  2. Surname (Last Name)  3. Date
Karina  Davidson  05-July-2015

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

Corresponding Author’s Name
Albert Siu

5. Manuscript Title
Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

6. Manuscript Identifying Number (if you know it)

Section 2: The Work Under Consideration for Publication

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Dr. Davidson has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Ebell

3. Date  
   08-July-2015

4. Are you the corresponding author?  
   - Yes  
   - No  
   Corresponding Author's Name  
   Albert Siu

5. Manuscript Title  
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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)**
   - García

3. **Date**
   - 04-July-2015

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

**Corresponding Author's Name**
- Albert Siu

5. **Manuscript Title**
- Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

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

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Dr. Garcia has nothing to disclose.

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Gillman
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 15-July-2015
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author's Name Albert Siu

5. Manuscript Title
   Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes
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

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.

<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>
<th>Comments</th>
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<td>Cambridge University Press</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>royalties for book Maternal Obesity</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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Grossman

3. Date  
   08-July-2015

4. Are you the corresponding author?  
   Yes [ ] No [x]  
   Corresponding Author’s Name  
   Albert Siu

5. Manuscript Title  
   Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

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

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

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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-July-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Albert Siu

5. Manuscript Title
Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

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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)  2. Surname (Last Name)  3. Date
Alex  Kemper  08-July-2015

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

5. Manuscript Title
Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

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Dr. Kemper has nothing to disclose.

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Krist
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  
   Alex
2. Surname (Last Name)  
   Krist
3. Date  
   15-July-2015
4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Albert Siu
5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Section 1. Identifying Information

1. Given Name (First Name)  2. Surname (Last Name)  3. Date
Ann    Kurth    05-July-2015

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

5. Manuscript Title
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Kurth
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)  Doug
2. Surname (Last Name)  Owens
3. Date  05-July-2015

4. Are you the corresponding author?  ☑ No  Corresponding Author's Name  Albert Siu

5. Manuscript Title  Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name) Phillips
3. Date  14-July-2015

4. Are you the corresponding author? Yes No
   Corresponding Author’s Name
   Albert Siu

5. Manuscript Title
   Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Phillips has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Maureen</td>
<td>Phipps</td>
<td>06-July-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name  
Albert Siu

5. Manuscript Title  
Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes

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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.)?  

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- [x] No

## 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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- [x] No
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Dr. Phipps has nothing to disclose.

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Pignone
# 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  
08-July-2015

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author's Name  
   Albert Siu

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)  Albert
2. Surname (Last Name)  Siu
3. Date  07-July-2015
4. Are you the corresponding author?  Yes  No

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

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