ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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Evans
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Corinne

2. Surname (Last Name)  
Evans

3. Date  
16-November-2015

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

Corresponding Author’s Name  
Evelyn P. Whitlock, M.D., M.P.H.

5. Manuscript Title  
Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force

6. Manuscript Identifying Number (if you know it)  
M15-2112

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

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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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Ms. Evans reports grants from Agency for Healthcare Research and Quality, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Brittany
2. Surname (Last Name)  Burda
3. Date  16-November-2015
4. Are you the corresponding author?  Yes  ✔
   Corresponding Author’s Name  Evelyn P. Whitlock, M.D., M.P.H.
5. Manuscript Title  Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force
6. Manuscript Identifying Number (if you know it)  M15-2112

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Section 1. Identifying Information

1. Given Name (First Name)  
   Evelyn

2. Surname (Last Name)  
   Whitlock

3. Date  
   24-November-2015

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   "Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force"

6. Manuscript Identifying Number (if you know it)  
   M15-2112

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<td>AHRQ</td>
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Dr. Whitlock reports contract support from AHRQ for the conduct of the systematic review and preparation of the manuscript.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Selvi

2. Surname (Last Name)  
   Williams

3. Date  
   24-November-2015

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

   Corresponding Author’s Name  
   Evelyn P Whitlock, MD MPH

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Dr. Williams has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Janelle

2. Surname (Last Name)  
   Guirguis-Blake

3. Date  
   16-November-2015

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
   M15-2113

Section 2. The Work Under Consideration for Publication

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☐ 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
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Guirguis-Blake reports other from ahrq, from null, from null, from null, from null, during the conduct of the study; .

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