ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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**Other:** Anything not covered under the previous three boxes

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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)  
Steven

2. Surname (Last Name)  
Dehmer

3. Date  
24-February-2016

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

5. Manuscript Title  
Aspirin for the Primary Prevention of Cardiovascular Disease and Colorectal Cancer: A Decision Analysis for the U.S. Preventive Services Task Force

6. Manuscript Identifying Number (if you know it)  
M15-2129

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Dehmer reports other 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) 
   Evelyn

2. Surname (Last Name) 
   Whitlock

3. Date 
   02-March-2016

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

5. Manuscript Title
   “Aspirin for the Primary Prevention of Cardiovascular Disease and Colorectal Cancer: A Decision Analysis for the U.S. Preventive Services Task Force”

6. Manuscript Identifying Number (if you know it)
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<tr>
<td>Amy</td>
<td>LaFrance</td>
<td>02-March-2016</td>
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4. Are you the corresponding author?  
☐ Yes  ✔ No

<table>
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<th>Corresponding Author’s Name</th>
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<tr>
<td>Steven P. Dehmer</td>
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Ms. LaFrance reports other from Agency for Healthcare Research and Quality, during the conduct of the study.

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LaFrance
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Royalties: Funds are coming in to you or your institution due to your patent

Maciosek
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1.** Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Maciosek

3. Date  
   03-March-2016

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

   Corresponding Author’s Name  
   Steven Dehmer

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Thomas
2. Surname (Last Name)  Flottemesch
3. Date  02-March-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Dehmer
5. Manuscript Title
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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

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