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  
26-June-2014

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

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Lindsay
2. Surname (Last Name)  Pickell
3. Date  26-August-2014
4. Are you the corresponding author?  Yes  ❑  No
Corresponding Author’s Name  LeFevre
5. Manuscript Title  Screening for Asymptomatic Carotid Artery Stenosis: U.S. Preventive Services Task Force Recommendation Statement
6. Manuscript Identifying Number (if you know it)  m14-1333

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.)?  ☑
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<tr>
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<td>Siu</td>
<td>25-June-2014</td>
</tr>
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4. Are you the corresponding author?  □ Yes  ✔ No

Corresponding Author’s Name

Mike LeFevre

5. Manuscript Title

Screening for Carotid Artery Stenosis

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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)  Phillips
3. Date  01-July-2014

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Michael LeFevre

5. Manuscript Title
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

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Dr. Phillips has nothing to disclose.

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### Section A

**Disclosure of Financial Relationships**

Complete this section if you have any financial relationships that may be relevant to the content of this document. If you have no financial relationships to disclose, please skip this section.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Disclosure Details</th>
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### Section B

**Discussion**

Discuss the implications of the disclosed financial relationships on the content of this document.

**Comment:**

Describe any additional comments or considerations relevant to the content of this document.

**Declarations:**

Provide any additional declarations or disclosures not covered in previous sections.

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*Note: The document appears to be a form for disclosing conflicts of interest, typically used in medical or scientific contexts.*
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Kurth
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ann Elizabeth

2. Surname (Last Name)  
   Kurth

3. Date  
   26-June-2014

4. Are you the corresponding author?  
   Yes☐ No☒
   Corresponding Author's Name  
   Mike L.

5. Manuscript Title  
   Screening for Carotid Artery Stenosis

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)  
Herzstein

2. Surname (Last Name)  
Jessica

3. Date  
01-July-2014

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

5. Manuscript Title  
Screening for Carotid Artery Stenosis

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

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☐ Yes  ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Jessica 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  
27-June-2014

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

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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☐ Yes  ☑ No

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<table>
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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Uptodate and Cambridge University Press</td>
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<td>☑</td>
<td>Royalties</td>
</tr>
</tbody>
</table>

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☑ Yes  ☐ No
If yes, please fill out the appropriate information below.

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ICMEI FORM FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

CONFIDENTIAL INFORMATION

The above information is confidential. Firms and/or members may use this information to provide the most appropriate services. 

The information above is confidential and may be used for marketing and business purposes only. 

Date: [Day] [Month] [Year]

Signature [Name]

Affirmative disclosure

I, [Name], hereby disclose the following potential conflicts of interest:

[Details of potential conflicts of interest]

Signed: [Name]

Date: [Day] [Month] [Year]
ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Curry

3. Date  
25-June-2014

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

5. Manuscript Title  
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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[ ] Yes  [✓] No

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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 26-June-2014

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

5. Manuscript Title
Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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  
   01-July-2014

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

   Corresponding Author's Name  
   Michael LeFevre

5. Manuscript Title  
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Dr. Bibbins-Domingo has nothing to disclose.

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   Mark

2. Surname (Last Name) 
   Ebell

3. Date 
   01-July-2014

4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author's Name
   Michael Lefevre

5. Manuscript Title
   Screening for Carotid Artery Stenosis

6. Manuscript Identifying Number (if you know it)

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

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

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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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Francisco
2. Surname (Last Name) Garcia
3. Date 25-June-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name Michael LeFevre

5. Manuscript Title
   Screening for Asymptomatic Carotid Artery Stenosis: U.S. Preventive Services Task Force Recommendation Statement

6. Manuscript Identifying Number (if you know it)
   M14-1333

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

Kemper
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1. Given Name (First Name)  
   Alex  

2. Surname (Last Name)  
   Kemper  

3. Date  
   25-June-2014  

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

5. Manuscript Title  
   Screening for Carotid Artery Stenosis  

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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## Section 3. Relevant financial activities outside the submitted work.

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1. Given Name (First Name)  
   Doug

2. Surname (Last Name)  
   Owens

3. Date  
   02-July-2014

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

5. Manuscript Title  
   Screening for Carotid Artery Stenosis

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

3. Date  
   **6/30/14**

4. Are you the corresponding author?  
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