ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

1. Given Name (First Name)  
   Diana

2. Surname (Last Name)  
   Miglioretti

3. Date  
   22-October-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Jeanne Mandelblatt

5. Manuscript Title  
   Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data

6. Manuscript Identifying Number (if you know it)  
   M15-0971

Section 2. The Work Under Consideration for Publication

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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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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Miglioretti reports grants from AHRQ, grants from National Cancer Institute, during the conduct of the study; .

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)  Ellen
2. Surname (Last Name)  O’Meara
3. Date  15-October-2015

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

   **Corresponding Author’s Name**  Heidi Nelson

5. Manuscript Title  
Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data

6. Manuscript Identifying Number (if you know it)  M15-0971

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O’Meara
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Dr. O'Meara reports an NCI contract during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Balch

3. Date  
   14-October-2015

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

   Corresponding Author’s Name  
   Heidi D. Nelson

5. Manuscript Title  
   Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data

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Section 1. Identifying Information

1. Given Name (First Name)  Karla
2. Surname (Last Name)  Kerlikowske
3. Date  14-October-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Heidi
2. Surname (Last Name) Nelson
3. Date 14-October-2015
4. Are you the corresponding author? ✔ Yes ☐ No

5. Manuscript Title
Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data
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Dr. Nelson has nothing to disclose.

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