ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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)  
   Janelle

2. Surname (Last Name)  
   Guirguis-Blake

3. Date  
   06-January-2016

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

5. Manuscript Title  
   Aspirin for Primary Prevention of CVD

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
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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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Dr. Guirguis-Blake has nothing to disclose.

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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

   Corresponding Author’s Name  
   Janelle Guirguis-Blake

5. Manuscript Title  
   Aspirin for the Primary Prevention of Cardiovascular Events: A Systematic Evidence Review for the U.S. Preventive Services Task Force

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

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Section 1. Identifying Information

1. Given Name (First Name) Caitlyn
2. Surname (Last Name) Senger
3. Date 13-November-2015
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Janelle Guirguis-Blake

5. Manuscript Title
Aspirin for the Primary Prevention of Cardiovascular Events: A Systematic Evidence Review for the U.S. Preventive Services Task Force

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Dr. Senger has nothing to disclose.

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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  
   Janelle M. Guirguis-Blake, M.D.

5. Manuscript Title  
   Aspirin for the Primary Prevention of Cardiovascular Events: A Systematic Evidence Review for the U.S. Preventive Services Task Force

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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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4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author's Name: Janelle Guirguis-Blake

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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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. O’Connor reports grants from Agency for Healthcare Quality and Research, during the conduct of the study;.

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