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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Maureen

2. Surname (Last Name)
   Phipps

3. Date
   11/13/15

4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author's Name
   Ali Siu

5. Manuscript Title
   Screening for Breast Cancer

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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---

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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I have no disclosures.

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Section 1. Identifying Information
1. Given Name (First Name)  
   William
2. Surname (Last Name)  
   Phillips
3. Date  
   11/18/2015
4. Are you the corresponding author?  
   □ Yes  □ No  
   Corresponding Author's Name  
   Al Siu
5. Manuscript Title  
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Section 1. Identifying Information
1. Given Name (First Name)  Michael
2. Surname (Last Name)  Pignone
3. Date  11-19-2015
4. Are you the corresponding author?  Yes  No
Corresponding Author's Name  AI Siu
5. Manuscript Title
Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)

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No conflict.

[Signature]

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Section 1. Identifying Information

1. Given Name (First Name)  
   Douglas

2. Surname (Last Name)  
   Owens

3. Date  
   11/01/15

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

   Corresponding Author’s Name  
   Al Situ

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Travel reimbursement from USPSTF

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3. Date 11/16/15
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Ali Siu
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4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author's Name: Al Situ

5. Manuscript Title  
   Screening for Breast Cancer

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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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
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)  ANN
2. Surname (Last Name)  KURTH
3. Date  11/08/15
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  AI SIU
5. Manuscript Title
   Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Crossman

3. Date  
   11/15/15

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

Corresponding Author's Name  
AI Stu

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jessica

2. Surname (Last Name)  
   Herskin

3. Date  
   11/17/15

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Al Siu

5. Manuscript Title  
   Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)

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Section 1: Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Gillman

3. Date  
   11/8/15

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

   Corresponding Author's Name  
   Al Su

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   Francis

2. Surname (Last Name)    
   Lei

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kana

2. Surname (Last Name)  
   Dauden

3. Date  
   Mar 18/15

4. Are you the corresponding author?  
   Yes  \_check\  No
   Corresponding Author's Name
   Al Siu

5. Manuscript Title  
   Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)

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Section 1: Identifying Information

1. Given Name (First Name)  Mark
2. Surname (Last Name)    Esell
3. Date                   11-18-15

4. Are you the corresponding author?  Yes ☑ No

Corresponding Author's Name
Al Situ

5. Manuscript Title
Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Kirsten

2. Surname (Last Name)  
   Bibbins-Domingo

3. Date  
   11/17/15

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author's Name  
   AI Silu

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   Screening for Breast Cancer

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1. **Given Name (First Name)**  
   - Walter

2. **Surname (Last Name)**  
   - Baum

3. **Date**  
   - 11/18/15

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

5. **Manuscript Title**  
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Al bert

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Si u

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18-November-2015

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1. Given Name (First Name)  
   Albert

2. Surname (Last Name)  
   Siu

3. Date  
   18-November-2015

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

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   [ ] Yes  [ ] No

Section 3. Relevant financial activities outside the submitted work.

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