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)  
   Alex

2. Surname (Last Name)  
   Krist

3. Date  
   13-March-2016

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

5. Manuscript Title  
   Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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Dr. Krist 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)  2. Surname (Last Name)
   Ann  Kurth

3. Date
   20-March-2016

4. Are you the corresponding author?  [ ] Yes  [X] No
   Corresponding Author's Name
   Al Siu

5. Manuscript Title
   Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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

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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)      Phillips
3. Date                     18-March-2016
4. Are you the corresponding author? □ Yes □ No
   Corresponding Author's Name
   Al Siu
5. Manuscript Title
   Aspirin Use for Primary Prevention
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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Dr. Phillips has nothing to disclose.

Evaluation and Feedback

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<table>
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<tr>
<th>Date</th>
<th>Signature of Applicant (optional)</th>
<th>Description</th>
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Date: 
Signature: 

Description: 

(Proposal extension and any additional notes or information)
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Mangione
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)    2. Surname (Last Name)
Carol                   Mangione

3. Date
18-March-2016

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

Corresponding Author's Name
Al Silu

5. Manuscript Title
Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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Dr. Mangione has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Pignone

3. Date  
14-March-2016

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

5. Manuscript Title  
Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support</th>
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<td>Partnership for Prevention</td>
<td>☐</td>
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<td>Received travel funds from Partnership for Prevention for work on aspirin for primary prevention</td>
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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 participated in guideline development for the American Heart Association and American Diabetes Association related to aspirin use in patients with diabetes.

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Dr. Pignone reports personal fees from Partnership for Prevention, outside the submitted work; and I have participated in guideline development for the American Heart Association and American Diabetes Association related to aspirin use in patients with diabetes.

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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  
18-March-2016

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

   Corresponding Author's Name  
   Al Sliu

5. Manuscript Title  
Aspirin Use for Primary Prevention

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

**Section 3. Relevant financial activities outside the submitted work.**

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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?  
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Dr. Phipps has nothing to disclose.

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Landefeld
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Seth
2. Surname (Last Name)  Landefeld
3. Date  18-March-2016
4. Are you the corresponding author?  No
   Corresponding Author's Name  Al Siu

5. Manuscript Title  Aspirin Use for Primary Prevention

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?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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Dr. Landefeld 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) Alex
2. Surname (Last Name) Kemper
3. Date 10-March-2016

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

5. Manuscript Title
   Aspirin Use for Primary Prevention

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

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Kemper 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  18-March-2016
4. Are you the corresponding author?  No
5. Manuscript Title  Aspirin Use for Primary Prevention
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kirsten

2. Surname (Last Name)  
   Bibbins - Domingo

3. Date  
   18-March-2016

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

   Corresponding Author's Name
   Al Situ

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Dr. Bibbins - Domingo 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)  
   John  

2. Surname (Last Name)  
   Epling  

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   ☑ No  
   Corresponding Author's Name  
   Al Siu  

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   ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Epling
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Garcia
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Francisco
2. Surname (Last Name)  Garcia
3. Date  18-March-2016
4. Are you the corresponding author?  Yes  No  
Corresponding Author’s Name  Al Siu
5. Manuscript Title  Aspirin Use for Primary Prevention
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Evaluation and Feedback

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ICMJE FORM FOR DISCLOSURE OF PATENTED CONFIDENTIAL OR PROPRIETARY INFORMATION

<table>
<thead>
<tr>
<th>Patent(s)</th>
<th>Trademark(s)</th>
<th>Relevant to:</th>
</tr>
</thead>
</table>

- [ ] Yes

- [ ] No

If yes, please list:

- [ ] Yes

- [ ] No

- [ ] Yes

- [ ] No

- [ ] Yes

- [ ] No

- [ ] Yes

- [ ] No

- [ ] Yes

- [ ] No

- [ ] Yes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)  Karina
2. Surname (Last Name)  Davidson
3. Date  13-March-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Al Siu

5. Manuscript Title
Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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ICME Form for Disclosure of Potential Conflicts of Interest

I, the undersigned, declare that I have read and understood the policy regarding disclosure of potential conflicts of interest and that I have disclosing all relevant information.

[Signature]

Date: [Date]

Disclosed Information:

- [Item 1]
- [Item 2]
- [Item 3]

Further Information:

[Optional comments]

Other Relevant Information:

[Optional comments]

[Additional space for comments or additional information]

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Grossman

3. Date  
   18-March-2016

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

5. Manuscript Title  
   Aspirin Use for Primary Prevention

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Harper
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Diane

2. Surname (Last Name)  
Harper

3. Date  
10-March-2016

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

Corresponding Author's Name  
Al Siu

5. Manuscript Title  
Aspirin Use for Primary Prevention

6. Manuscript Identifying Number (if you know it)

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Albert Siu 18-March-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Aspirin Use for Primary Prevention

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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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. Siu has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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<th>Date</th>
<th>Conflicts of Interest</th>
<th>Description</th>
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- [ ] Yes, please list the specific nature of the conflict.
- [ ] No.

Please provide a detailed explanation if you select yes.

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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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Susan</td>
<td>Curry</td>
<td>24-March-2016</td>
</tr>
</tbody>
</table>

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

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