

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

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

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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)
Dagan

2. Surname (Last Name)
Cloutier

3. Date
14-June-2016

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

5. Manuscript Title
JOPA Editor

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? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Mr. Cloutier 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)
Brian

2. Surname (Last Name)
Downie

3. Date
13-May-2016

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

5. Manuscript Title
Associate Editor for JOPA

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 4. Intellectual Property -- Patents & Copyrights

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Mr. Downie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Dowell

3. Date
19-May-2016

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

5. Manuscript Title
Associate Editor for JOPA

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Dowell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lawrence

2. Surname (Last Name)
Collins

3. Date
18-May-2016

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

5. Manuscript Title
Associate Editor for JOPA

6. Manuscript Identifying Number (if you know it)

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Sean

2. Surname (Last Name)

Hazzard

3. Date

5/16/16

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Associate Editor for JGIM

6. Manuscript Identifying Number (if you know it)

Section 2.

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Dr. [Signature] 5/16/16