

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Renda

2. Surname (Last Name)

Wiener

3. Date

14-December-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Donald Sullivan

5. Manuscript Title

Association of decision making with patients' perceptions of care and knowledge during longitudinal pulmonary nodule surveillance

6. Manuscript Identifying Number (if you know it)

Unknown

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Dr. Wiener has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Eden	3. Date 14-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donald Sullivan
5. Manuscript Title Association of decision making with patients' perceptions of care and knowledge during longitudinal pulmonary nodule surveillance		
6. Manuscript Identifying Number (if you know it) Unknown		

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Dr. Eden 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) Linda	2. Surname (Last Name) Ganzini	3. Date 19-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donald Sullivan
5. Manuscript Title Association of decision making with patients' perceptions of care and knowledge during longitudinal pulmonary nodule surveillance		
6. Manuscript Identifying Number (if you know it) Unknown		

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Dr. Ganzini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Sara

2. Surname (Last Name)

Golden

3. Date

19-December-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Donald Sullivan

5. Manuscript Title

Association of decision making with patients' perceptions of care and knowledge during longitudinal pulmonary nodule surveillance

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Christopher	2. Surname (Last Name) Slatore	3. Date 19-December-2016
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Donald

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4. Are you the corresponding author?

Yes No

5. Manuscript Title

Association of decision making with patients' perceptions of care and knowledge during longitudinal pulmonary nodule surveillance

6. Manuscript Identifying Number (if you know it)

Unknown

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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