

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.

Identifying information.

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

Au 1



Section 1. Identifying Inform	ation			
Given Name (First Name) David	2. Surname (Last Name) Au		3. Date 09-February-2019	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth		
5. Manuscript Title Potential Overuse of In-Laboratory Sleep	o Studies in the VA Comm	nunity Care Program		
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	nsideration for Public	cation		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	ata monitoring board, s		etc.) for
Section 3. Relevant financial a	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instructions. Use ort relationships that were st?	se one line for each e re present during th	ntity; add as many lines as you ne	ed by
Name of Entity	Grant? Personal Fees? S	n-Financial Other	Comments	
Novartis-Data Monitoring Committee				
American Board of Internal Medicine-Exam Writing Committee				
Annals of the American Thoracic Society-				

Au 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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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No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Dr. Au reports personal fees from Novartis for service on a data monitoring committee, personal fees from American Board of Internal Medicine for service on the exam writing committee, and personal fees from Annals of the American Thoracic Society for service as a deputy editor, outside the submitted work.

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Au 3



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Carey 1



Section 1. Identifying In	formation	
1. Given Name (First Name) Evan	2. Surname (Last Name) Carey	3. Date 09-February-2019
4. Are you the corresponding author:	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Potential Overuse of In-Laborator	/ Sleep Studies in the VA Comm	unity Care Program
6. Manuscript Identifying Number (if	you know it)	
Section 2. The Work Und	ler Consideration for Public	cation
	luding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Polovant final		la ua taka ala ula
Place a check in the appropriate b of compensation) with entities as	described in the instructions. Us Ild report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Pr	operty Patents & Copyric	ghts
Do you have any patents, whether	planned, pending or issued, br	oadly relevant to the work? Yes V No

Carey 2



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Dr. Carey has nothing to disclose.

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Coggeshall 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Scott	rst Name)	2. Surname (Last Name) Coggeshall	3. Date 09-February-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Potential Overus		p Studies in the VA Comm	unity Care Program
6. Manuscript lder	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.			
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
	ı		
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Coggeshall 2



Section 5. Relationships not covered above
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Dr. Coggeshall has nothing to disclose.

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Glorioso 1



Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Thomas	2. Surname (Last Name) Glorioso	3. Date 09-February-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Potential Overuse of In-Laboratory	Sleep Studies in the VA Comm	unity Care Program
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intellectual Pro	operty Patents & Copyrig	ints —
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Glorioso 2



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Kirsh 1



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4. Are you the cor	responding author?	Yes ✓ No	Correspondi Lucas M. De	ing Author's Name onovan	
5. Manuscript Title Potential Overus		p Studies in the VA Com	nmunity Care Pr	ogram	
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any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, est? Yes No primation below. If you h	data monitoring	government, commercial, p board, study design, manus one entity press the "ADI	script preparation,
Name of Institut	ion/Company	Grant? Personal N	on-Financial Support?	Other? Comments	
/A Office of Veterans	Access to Care			✓ Employer	
	l.				
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of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instructions. port relationships that w est?	Use one line foi vere present d u	ve financial relationships r each entity; add as man uring the 36 months pri	y lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevar	nt to the work? Yes	✓ No

Kirsh 2



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Dr. Kirsh reports being employed by the VA Office of Veterans Access to Care during the conduct of the study.

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Kirsh 3



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Palen 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Potential Overus		p Studies in the VA Comm	unity Care Program
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Palen 2



Section 5. Relationships not covered above
helationships 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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Royalties: Funds are coming in to you or your institution due to your patent

Parsons 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Elizabeth	rst Name)	2. Surname (Last Name) Parsons	3. Date 09-February-2019
4. Are you the cor	4. Are you the corresponding author? Yes Volume		Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Potential Overus		p Studies in the VA Comm	unity Care Program
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any			oadly relevant to the work? Yes V No

Parsons 2



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Relationships not covered above
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Todd-Stenberg 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Todd-Stenberg	3. Date 09-February-2019
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Potential Overus		p Studies in the VA Comm	nunity Care Program
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any			roadly relevant to the work? Yes V No

Todd-Stenberg 2



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Zeliadt 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Zeliadt	3. Date 09-February-2019
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Potential Overus		p Studies in the VA Comm	unity Care Program
6. Manuscript lder	ntifying Number (if you kr	now it)	
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Section 2.	The Work Under Co	onsideration for Public	cation
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any			oadly relevant to the work? Yes V No

Zeliadt 2



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Donovan 1



Section 1.	Identifying Inform	ation				
1. Given Name (Firs Lucas	t Name)	2. Surname (Last N Donovan	ame)		3. Date 09-February-2019	
4. Are you the corre	esponding author?	✓ Yes No				
5. Manuscript Title Potential Overuse	of In-Laboratory Sleep	o Studies in the VA	Community Care	Program		
6. Manuscript Ident	tifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration for	Publication			
any aspect of the su statistical analysis, e	bmitted work (including tc.)?	but not limited to gr			commercial, private foundation, et design, manuscript preparation,	c.) for
•	vant conflicts of intere		No			
	ut the appropriate info e removed by pressing		ou have more tha	n one entity p	ress the "ADD" button to add a	row.
Name of Institution	on/Company	Grant? Persona Fees?	Non-Financial Support?	Other? Co	omments	
NIH T32HL007287-38		✓				
NIH F32HL140685-01		✓				
ASPIRE Academic Slee REsearch/Clinical Fello	p Pulmonary Integrated wship	✓				
Section 3.	Relevant financial a	activities outsid	e the submitted	l work.		
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Section 4.	Intellectual Proper	tv Patents & C	opyrights			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Donovan 2



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Dr. Donovan reports grants from NIH T32HL007287-38, grants from NIH F32HL140685-01, grants from ASPIRE Academic Sleep Pulmonary Integrated REsearch/Clinical Fellowship, during the conduct of the study; .

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Feemster 1



Section 1. Identifying Inform	nation					
identifying inform	lation					
1. Given Name (First Name) Laura	Surname (Last Name)Feemster	3. Date 09-February-2019				
Laura	i cerrister	09-1 Ebituary-2019				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name				
F. Manuscript Title		Lucas M. Donovan				
Manuscript TitlePotential Overuse of In-Laboratory Slee	p Studies in the VA Comm	unity Care Program				
6. Manuscript Identifying Number (if you kn	now it)					
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		a third party (government, commercial, private foundation, etc.) for				
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	ita monitoring board, study design, manuscript preparation,				
Are there any relevant conflicts of interes	Are there any relevant conflicts of interest? Yes Vo					
Continue						
Section 3. Relevant financial	activities outside the s	submitted work.				
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If yes, please fill out the appropriate info						
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Name of Entity	Grant? Personal Nor	n-Financial other? Comments				
NIH K23 HL111116	V					
American Lung Association						
/eteran's Health Administration						
Section 4. Intellectual Proper	ty Patents & Copyri	ghts				
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes 🗸 No				

Feemster 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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	oorts grants from NIH K23 HL111116, grants from American Lung Association, grants from Veteran's Health outside the submitted work; .

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

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

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

1

Griffith



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Griffith	3. Date 09-February-2019	
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Lucas M. Donovan	
5. Manuscript Title Potential Overus		p Studies in the VA Comm	nunity Care Program	
6. Manuscript Ide	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under C	onsideration for Public	cation	
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 Volume				
Section 3.	Relevant financial	activities outside the s	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 Vo				
	ı			
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Griffith 2



Section 5. Relationships not sovered above
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?
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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Griffith 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.

Griffith 3



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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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Relationships not covered above.

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Pending: The patent has been filed but not issued

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

Spece 1



Section 1. Identifying I	nformation		
Given Name (First Name) Laura	2. Surname (Last Name) Spece		3. Date 09-February-2019
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Lucas M. Donovan	
5. Manuscript Title Potential Overuse of In-Laborator	ry Sleep Studies in the VA Commu	nity Care Program	
6. Manuscript Identifying Number (if	you know it)		
Section 2. The Work Un	der Consideration for Publica	tion	
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			
•	te information below. If you have	more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-	Financial Other?	Comments
NIH	V		K12-HL137940-01
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 Vo			
Continue 4			
Section 4. Intellectual P	roperty Patents & Copyrigh	ts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Spece 2



Section 5. Relationships not severed above		
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?		
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. Spece reports grants from NIH, during the conduct of the study; .		

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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