

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.

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

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Bravata 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Gina		2. Surname (Last Name) Bravata	3. Date 11-July-2019		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dilip Patel		
5. Manuscript Title Long-acting reversible contraception for adolescents		or adolescents			
6. Manuscript Identifying Number (if you know it) PM-2018-AG-10(PM-19-93)					
Section 2. The Work Under Consideration for Publication					
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.	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 Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Bravata 2



Section 5. Relationships not sovered above			
Relationships not covered above			
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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. Bravata 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.

Bravata 3



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Patel 1



Section 1.	Identifying Inform	nation			
1. Given Name (Figure 1) Dilip 4. Are you the core		2. Surname (Last Na Patel ✓ Yes No	me)	3. Date 11-July-2019)
 4. Are you the corresponding author?					
6. Manuscript Identifying Number (if you know it) PM-2018-AG-10(PM-19-93)					
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	ive payment or service but not limited to gra	Publication s from a third party (governints, data monitoring board		
Section 3.	Relevant financial	activities outside	the submitted work.		
of compensation clicking the "Add	n) with entities as descri	bed in the instruction ort relationships the	te whether you have fina ns. Use one line for each at were present during ^s No	entity; add as many li	ines as you need by
Section 4.	Intellectual Proper	ty Patents & Co	pyrights		
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to tl	he work?	√ No

Patel 2



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anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement Irnals may ask authors to disclose further information about reported relationships.					
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ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
as an unpaid Guest Editor of the focused issue and an unpaid editorial board member of Pediatric Medicine Jun 2020. Dr. Patel has nothing to disclose.					

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Omar 1



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4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Dilip Patel		
5. Manuscript Title long acting reversible contraception for ado		r adolescents			
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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		

Omar 2



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