

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.

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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)
Janet

2. Surname (Last Name)
Brown

3. Date
17-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Donna L. Williams

5. Manuscript Title
Assessing patient navigation as a tool to address equity in cancer early detection

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? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Brown has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Randi

2. Surname (Last Name)
Kaufman

3. Date
17-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Donna L. Williams

5. Manuscript Title
Assessing patient navigation as a tool to address equity in cancer early detection

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? ☐ Yes ☒ No

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Dr. Kaufman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Molly	2. Surname (Last Name) Ariail	3. Date 17-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Donna L. Williams
5. Manuscript Title Assessing patient navigation as a tool to address equity in cancer early detection		
6. Manuscript Identifying Number (if you know it) 		

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Donna

2. Surname (Last Name)
Williams

3. Date
17-May-2019

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