

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Xuanqian

2. Surname (Last Name)  
Xie

3. Date  
30-April-2020

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

5. Manuscript Title  
Challenges in Health Technology Assessments of Genetic Tests

6. Manuscript Identifying Number (if you know it)  
JHMHP-20-47

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Xie 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) Olga	2. Surname (Last Name) Gajic-Veljanoski	3. Date 22-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuanqian Xie
5. Manuscript Title Challenges in Health Technology Assessments of Genetic Tests		
6. Manuscript Identifying Number (if you know it) JHMHP-20-47		

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Dr. Gajic-Veljanoski 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) Lindsey	2. Surname (Last Name) Falk	3. Date 27-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuanqian Xie
5. Manuscript Title Challenges in Health Technology Assessments of Genetic Tests		
6. Manuscript Identifying Number (if you know it) JHMHP-20-47		

### 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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Ms. Falk 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) Alexis	2. Surname (Last Name) Schaink	3. Date 04-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuanqian Xie
5. Manuscript Title Challenges in Health Technology Assessments of Genetic Tests		
6. Manuscript Identifying Number (if you know it) JHMHP-20-47		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Ms. Schaink 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)  
Anna

2. Surname (Last Name)  
Lambrinos

3. Date  
30-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Xuanqian Xie

5. Manuscript Title  
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Ms. Lambrinos has nothing to disclose.

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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) Myra	2. Surname (Last Name) Wang	3. Date 29-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuanqian Xie
5. Manuscript Title Challenges in Health Technology Assessments of Genetic Tests		
6. Manuscript Identifying Number (if you know it) JHMHP-20-47		

### 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.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Wang 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) Vivian	2. Surname (Last Name) Ng	3. Date 22-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuanqian Xie
5. Manuscript Title Challenges in Health Technology Assessments of Genetic Tests		
6. Manuscript Identifying Number (if you know it) JHMHP-20-47		

### 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.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ng 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)  
Wendy

2. Surname (Last Name)  
Ungar

3. Date  
17-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Xuanqian Xie

5. Manuscript Title  
Challenges in Health Technology Assessments of Genetic Tests

6. Manuscript Identifying Number (if you know it)  
JHMHP-20-47

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ungar 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) Nancy	2. Surname (Last Name) Sikich	3. Date 22-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuanqian Xie
5. Manuscript Title Challenges in Health Technology Assessments of Genetic Tests		
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Ms. Sikich has nothing to disclose.

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