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.

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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

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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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

Xie
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Section 6. Disclosure Statement

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Dr. Xie has nothing to disclose.

Evaluation and Feedback

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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Olga</td>
<td>Gajic-Veljanoski</td>
<td>22-April-2020</td>
</tr>
</tbody>
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4. Are you the corresponding author? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>CorRESPonding Author’s Name</th>
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<tr>
<td>Xuanqian Xie</td>
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5. Manuscript Title
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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?  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

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.)?

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Ms. Falk has nothing to disclose.

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**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?  Yes  No

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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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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1. Given Name (First Name)
   Myra
2. Surname (Last Name)
   Wang
3. Date
   29-April-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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## Section 1. Identifying Information

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**Corresponding Author’s Name**

Xuanqian Xie

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Are there any relevant conflicts of interest?  ☑ No

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## Section 3. Relevant financial activities outside the submitted work.

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1. **Given Name (First Name)**  
   Wendy

2. **Surname (Last Name)**  
   Ungar

3. **Date**  
   17-June-2020

4. **Are you the corresponding author?**  
   ☑ 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)**  
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1. Given Name (First Name)  Nancy
2. Surname (Last Name)  Sikich
3. Date  22-June-2020

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Corresponding Author’s Name  Xuanqian Xie

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