

#### 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 four parts.

# Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

# The work under consideration for publication.

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Section 1.	ldentifying Inf	ormation	
1. Given Name (F Andrew	irst Name)	2. Surname (Last Name) Krakowski	3. Effective Date (07-August-2008) 21-February-2013
4. Are you the co	rresponding author?	Yes V No	Corresponding Author's Name Lawrence F. Eichenfield
5. Manuscript Tit Evidence-based		for the diagnosis and treatn	nent of pediatric acne
	entifying Number (if yo	- 3 3	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	<b>V</b>					
2. Consulting fee or honorarium	<b>✓</b>					A
3. Support for travel to meetings for the study or other purposes		<b>✓</b>		American Acne and Rosacea Society (AARS)	Travel to planning meeting was covered.	A
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					
5. Payment for writing or reviewing the manuscript	<b>✓</b>					A
5. Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					A



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						AD
7. Other	<b>V</b>					×
						A

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	1					,
						Al
2. Consultancy	1					
						Al
3. Employment	1					
1. Expert testimony	1					Al
. Expert tessimony	V					A
5. Grants/grants pending	1					
						Al
<ol> <li>Payment for lectures including service on speakers bureaus</li> </ol>	<b>✓</b>					
						A
<ol> <li>Payment for manuscript preparation</li> </ol>	<b>V</b>					

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						A
<ol><li>Patents (planned, pending or issued)</li></ol>	1					
						Al
). Royalties	<b>✓</b>					
						Al
<ul> <li>Payment for development of educational presentations</li> </ul>	<b>V</b>					3
						Al
. Stock/stock options	<b>V</b>					
						Al
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>V</b>					3
						A
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	<b>V</b>					3

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Info	mation	
1. Given Name (F hilary	irst Name)	2. Surname (Last Name) baldwin	3. Effective Date (07-August-2008) 26-February-2013
4. Are you the co	rresponding author?	Yes Vo	Corresponding Author's Name larry eichenfield
5. Manuscript Tit	le		
evidence-based	d recommendations fo	or the diagnosis and treatn	nent of pediatric acne
6. Manuscript Ide 2013-0490	entifying Number (if you	know it)	

# Section 2. The Work Under Consideration for Publication

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					×
						AD
2. Consulting fee or honorarium		<b>✓</b>		galderma		×
2. Consulting fee or honorarium		<b>✓</b>		valeant		×
2. Consulting fee or honorarium		1		ranbaxy		×
2. Consulting fee or honorarium		<b>√</b>		allergan		×
						AD
3. Support for travel to meetings for the study or other purposes	<b>V</b>					×
						AD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×



The Work Under Consideration	for Pul	olication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>/</b>					×
						ADD
7. Other	<b>V</b>					×
						ADD

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. Board membership	<b>1</b>					×
						ADI
. Consultancy	1					×
						ADI
. Employment	1					×
						ADI
. Expert testimony	<b>✓</b>					×
						ADI
. Grants/grants pending	<b>√</b>					×

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5. Grants/grants pending	V					>
5. Payment for lectures including service on speakers bureaus		<b>✓</b>		galderma		AD >
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>		<b></b>		valeant		>
5. Payment for lectures including service on speakers bureaus		$\checkmark$		allergan		>
5. Payment for lectures including service on speakers bureaus		1		ranbaxy		>
7. Payment for manuscript preparation	<b>V</b>					A
3. Patents (planned, pending or issued)	V					AL
9. Royalties	1					A
D. Payment for development of educational presentations						>
1. Stock/stock options	<b>/</b>					Al S
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					AI
3. Other (err on the side of full disclosure)	<b>V</b>					A

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Section 1.	Identifying Info	rmation	
1. Given Name (F Anthony	irst Name)	2. Surname (Last Name) Mancini	3. Effective Date (07-August-2008) 22-February-2013
4. Are you the co	rresponding author?	Yes V No	Corresponding Author's Name  Lawrence F. Eichenfield, MD
5. Manuscript Tit	le		
Evidence-Based	Recommendations :	or the Diagnosis and Treat	ment of Pediatric Acne
6. Manuscript Ide 2013-0490	entifying Number (if yo	ı know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
I. Grant	<b>V</b>					×
						AD
2. Consulting fee or honorarium		<b>✓</b>		American Acne and Rosacea Society		×
						AD
3. Support for travel to meetings for the study or other purposes		<b>✓</b>		American Acne and Rosacea Society		×
						AD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	V					×
						AD
5. Payment for writing or reviewing the manuscript	<b>V</b>					×



The Work Under Consideration	n for Pub	olication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					×
						ADD
7. Other	1					×
						ADD

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I. Board membership	<b>V</b>					>
						AD
2. Consultancy		<b>✓</b>		Galderma		>
2. Consultancy		1		Coria/Valeant		>
2. Consultancy		1		Medicis		>
						AD
3. Employment	<b>✓</b>					>
						AD
1. Expert testimony	1					>
						AD
5. Grants/grants pending	1					>
5. Grants/grants pending	1					

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Payment for lectures including service on speakers bureaus		<b>V</b>		American Academy of Pediatrics		×
5. Payment for lectures including service on speakers bureaus		<b>✓</b>		Spire Learning		×
5. Payment for lectures including service on speakers bureaus		<b>✓</b>		Global Prairie		×
5. Payment for lectures including service on speakers bureaus		<b>✓</b>		Physician Resources, Inc.		×
5. Payment for lectures including service on speakers bureaus		<b>✓</b>		Elsevier		AD
7. Payment for manuscript preparation		<b>✓</b>		Sanova Works		×
3. Patents (planned, pending or issued)	<b>V</b>					AD >
D. Royalties		<b>✓</b>		Elsevier (textbooks)		AD AD
D. Payment for development of educational presentations	<b>V</b>					>
Stock/stock options	<b>V</b>					AD >
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>/</b>					AC >
3. Other (err on the side of full disclosure)	<b>V</b>					AD >

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1. Given Name (F Sheila	irst Name)	2. Surname (Last Name) Friedlander	3. Effective Date (07-August-2008) 06-March-2013
4. Are you the co	rresponding author?	Yes Vo	Corresponding Author's Name  Lawrence Eichenfield
5. Manuscript Tit	le		
Evidence-Based	l Recommendations fo	or the Diagnosis and Treati	nent of Pediatric Acne
6. Manuscript Ide 2013-0490	entifying Number (if you	know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
						ADD
2. Consulting fee or honorarium		<b>V</b>		American Acne & Rosacea Society		×
						ADD
3. Support for travel to meetings for the study or other purposes		<b>/</b>		American Acne & Rosacea Society		×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	<b>/</b>					×
						ADD



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					×
						ADD
7. Other	1					×
						ADD

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. Board membership	1					
						A
2. Consultancy	1					
						A
3. Employment	1					
						A
I. Expert testimony	<b>✓</b>					
						А
5. Grants/grants pending	1					
						A
6. Payment for lectures including service on speakers bureaus		1		Galderma	Speaker's Bureau	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						Α
. Payment for manuscript preparation	<b>✓</b>					
. Patents (planned, pending or						A
issued)	<b>✓</b>					
. Royalties	<b>V</b>					A
						A
. Payment for development of educational presentations	<b>V</b>					
						A
. Stock/stock options	<b>√</b>					A
. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>/</b>					
						А
. Other (err on the side of full disclosure)	<b>V</b>					

<sup>\*</sup> This means money that your institution received for your efforts.

# Section 4. Other relationships

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?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation	
1. Given Name (F Moise	irst Name)	2. Surname (Last Name) Levy	3. Effective Date (07-August-2008) 24-February-2013
4. Are you the co	rresponding author?	Yes V No	Corresponding Author's Name  Larry Eichenfield, M.D.
5. Manuscript Tit	le		
Pediatric Acne	Guidelines		
6. Manuscript Ide 2013-0490	entifying Number (if you	know it)	

# Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party 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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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					×
						AD
2. Consulting fee or honorarium		<b>/</b>		AARS (American Acne and Rosacea Society)		×
						AD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>		<b>✓</b>		AARS		×
						AD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
						AD
5. Payment for writing or reviewing the manuscript	<b>V</b>					×



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					×
						ADD
7. Other	1					×
						ADD

### 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 submission.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	<b>V</b>					,
						A
2. Consultancy		<b>✓</b>	<b>✓</b>	Galderma		-
2. Consultancy		<b>V</b>		Valeant		>
2. Consultancy		1		TopMD		5
2. Consultancy		<b>4</b>		Stiefel/GSK		>
2. Consultancy		1		J&J		-
						AL
3. Employment	<b>1</b>					3
						A
4. Expert testimony	1					

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADI
5. Grants/grants pending			<b>√</b>	Pierre-Fabre	Study	×
5. Grants/grants pending			<b>✓</b>	Stiefel	Study	×
Payment for lectures including service on speakers bureaus		<b>/</b>		Valeant		ADI X
7. Payment for manuscript preparation	<b>✓</b>					X
8. Patents (planned, pending or issued)	<b>V</b>					X
9. Royalties	<b>✓</b>					X
Payment for development of educational presentations	<b>V</b>					×
1. Stock/stock options	<b>✓</b>					ADI X
Travel/accommodations/ meeting expenses unrelated to activities listed**		<b>/</b>		Galderma		×
Other (err on the side of full disclosure)	<b>V</b>					ADI

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<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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- ✓ No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

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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.



Section 1.	Identifying Infor	mation	
1. Given Name (F Anne	irst Name)	2. Surname (Last Name) Lucky	3. Effective Date (07-August-2008) 08-July-2008
4. Are you the co	rresponding author?	Yes Vo	Corresponding Author's Name Lawrence Eichenfield, MD
5. Manuscript Tit	le		
Evidence-Based	Recommendations fo	or the Diagnosis and Treati	nent of Pediatric Acne
6. Manuscript Ide	entifying Number (if you	know it)	

# Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

		Money	Money to			
Туре	No	Paid to You	Your Institution*	Name of Entity	Comments**	
. Grant	1					3
						A
. Consulting fee or honorarium		<b>✓</b>		Galderma		
						Al
. Support for travel to meetings for the study or other purposes		<b>✓</b>		Galderma		
						Al
. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					3
						Al
. Payment for writing or reviewing the manuscript	1					3
						A
Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						AD
7. Other	<b>V</b>					×

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	You	Your Institution*	Entity	Comments	
1				No.	
					A
1					
					A
1					
1					Al
					A
1					3
					Al
1					
					A
	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓				

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						A
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>V</b>					>
						A
9. Royalties	1					>
						Αľ
Payment for development of educational presentations	<b>V</b>					>
						AD
1. Stock/stock options	<b>✓</b>					>
						AE
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					>
						AE
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>V</b>					3
						AE

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Hide All Table Rows Checked 'No'

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Section 1. Identifying	nformation	
Given Name (First Name) Caroline	2. Surname (Last Name) Piggott	3. Effective Date (07-August-2008) 07-August-2008
4. Are you the corresponding author	Yes Vo	Corresponding Author's Name  Lawrence Eichenfield
5. Manuscript Title		
Evidence-Based Recommendati	ons for the Diagnosis and Treatr	nent of Pediatric Acne
6. Manuscript Identifying Number (	f you know it)	

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	_	Money	Money to			
Туре	No	Paid to You	Your Institution*	Name of Entity	Comments**	
. Grant	<b>V</b>					>
						AD
. Consulting fee or honorarium		<b>✓</b>		AARS		>
						AD
s. Support for travel to meetings for the study or other purposes		<b>✓</b>		AARS		>
						AD
<ul> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ul>		<b>V</b>		AARS		>
						AD
<ul> <li>Payment for writing or reviewing the manuscript</li> </ul>		<b>✓</b>		AARS		>
						AC
nedicines, equipment, or administrative support	<b>✓</b>					5



The Work Under Conside	The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	1					×			
						ADD			

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	1				38	>
						AE
2. Consultancy		1		Galderma		٥
						A
3. Employment	1					>
						A
1. Expert testimony	1					;
						A
. Grants/grants pending	1					>
5. Payment for lectures including						AD
service on speakers bureaus	1					>
						AD
<ol> <li>Payment for manuscript preparation</li> </ol>	<b>V</b>					3

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						AD
<ol><li>Patents (planned, pending or issued)</li></ol>	V					>
						AD
9. Royalties	1					>
						AD
D. Payment for development of educational presentations		1		Galderma		>
						AD
1. Stock/stock options	<b>V</b>					>
						AD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	V					>
						AD
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	<b>V</b>					>

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Hide All Table Rows Checked 'No'

SAVE

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webster



Section 1.	Identifying Info	rmation	
1. Given Name (F guy`	irst Name)	2. Surname (Last Name) webster	3. Effective Date (07-August-2008) 03-March-2013
4. Are you the co	erresponding author?	Yes V No	Corresponding Author's Name L. Eichenfield
5. Manuscript Tit Evidence-Based >Pediatric Acne	l Recommendations fo	or the Diagnosis and Treati	ment of
6. Manuscript Ide	entifying Number (if you	know it)	

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		Manay	Monayta			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	1					×
						ADD
2. Consulting fee or honorarium		<b>✓</b>		Galderma		×
2. Consulting fee or honorarium		<b>✓</b>		Valeant		×
2. Consulting fee or honorarium		<b>✓</b>		Medicis		×
2. Consulting fee or honorarium		<b>√</b>		Ranbaxy		×
2. Consulting fee or honorarium		<b>✓</b>		Cipher		×
2. Consulting fee or honorarium		1		Tolmar		×
						ADD
<ol> <li>Support for travel to meetings for the study or other purposes</li> </ol>	<b>/</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>		<b>✓</b>		Cipher, Tolmar		×



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					×
						ADD
7. Other	<b>V</b>					×
						ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	<b>V</b>					
. Consultancy	V					A
. Employment	<b>✓</b>					A
. Expert testimony		1		Galderma		A

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Grants/grants pending	1					>
. Payment for lectures including service on speakers bureaus		<b>✓</b>		Ranbaxy		A
. Payment for manuscript preparation	<b>V</b>					Al
. Patents (planned, pending or issued)	<b>/</b>					A
. Royalties	<b>/</b>					Al Al
. Payment for development of educational presentations	<b>V</b>					
. Stock/stock options	<b>V</b>					AI AI
. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					
. Other (err on the side of full disclosure)	<b>V</b>					A

<sup>\*</sup> This means money that your institution received for your efforts.

## Section 4. Other relationships

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?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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.

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Section 1.	Identifying In	formation	
1. Given Name (F Lawrence	irst Name)	2. Surname (Last Name) Eichenfield	3. Effective Date (07-August-2008) 01-March-2013
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Tit	le		
Evidence-Based	l Recommendation	s for the Diagnosis and Treatment of Pediatric Acne	
6. Manuscript Ide 2013-0490	entifying Number (if y	ou know it)	

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party 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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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1			i		×
						AD
2. Consulting fee or honorarium		<b>V</b>		American Acne and Rosacea Society		×
						AD
3. Support for travel to meetings for the study or other purposes		<b>✓</b>		American Acne and Rosacea Society		×
						AD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
						AD
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×



The Work Under Consideration	for Pub	lication				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					×
						ADD
7. Other	1					×
						ADD

### 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	<b>V</b>					
						A
. Consultancy		1		Galderma		
. Consultancy		<b>✓</b>		Medicis-Valeant	This company has subsumed Ortho-Derm and Corea	
2. Consultancy		<b>V</b>		Stiefel-GSK	Past consultant	13
2. Consultancy		<b>✓</b>		Bayer	Previously Intendis; Consulting work unrelated to acne or acne products	
						A
. Employment	1					

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
4. Expert testimony	V					>
5. Grants/grants pending	<b>V</b>					AE >
<ol> <li>Payment for lectures including service on speakers bureaus</li> </ol>		<b>✓</b>		Physician Resources	Galderma-associated	AD >
6. Payment for lectures including service on speakers bureaus		V		Medicis-Valeant		>
7. Payment for manuscript preparation	V					AD >
8. Patents (planned, pending or issued)	<b>✓</b>					AE >
9. Royalties	<b>✓</b>					AC >
D. Payment for development of educational presentations	<b>✓</b>					>
1. Stock/stock options	<b>V</b>					AE >
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					Al >
3. Other (err on the side of full disclosure)			V	Galderma; Stiefel-GSK; Photocure; Medicis- Valeant; Johnson and Johnson; Neutrogena	Investigator for clinical trials services. All income to University. Neutrogena studies not acne-related	AC

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<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

# Section 4. Other relationships

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?

- ✓ No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation	
1. Given Name (F Albert	irst Name)	2. Surname (Last Name) Yan	3. Effective Date (07-August-2008) 24-February-2013
4. Are you the co	rresponding author?	Yes Vo	Corresponding Author's Name  Lawrence F. Eichenfield
5. Manuscript Titl	e		
Evidence-Based	Recommendations fo	r the Diagnosis and Treatr	nent of Pediatric Acne
6. Manuscript Ide 2013-0490	ntifying Number (if you	know it)	

### Section 2. The Work Under Consideration for Publication

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
2. Consulting fee or honorarium		<b>V</b>		American Acne and Rosacea Society	Honorarium provided for meeting attendance at which the guidelines were created, prepared, and drafted.	×
						AD
3. Support for travel to meetings for the study or other purposes		<u>/</u>		American Acne and Rosacea Society	Honorarium provided for meeting attendance at which the guidelines were created, prepared, and drafted.	×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
2. Consultancy		<b>V</b>		Galderma	Please note that my work in developing the guidelines for the manuscript was done prior to becoming engaged as a consultant with Galderma.

<sup>\*</sup> This means money that your institution received for your efforts.

# Section 4. Other relationships

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<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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Section 1.	Identifying Infor	mation	
1. Given Name (F James	irst Name)	2. Surname (Last Name) Del Rosso	3. Effective Date (07-August-2008) 24-February-2013
4. Are you the co	rresponding author?	Yes V No	Corresponding Author's Name Lawrence Eichenfield MD
	le I Recommendations fo of Pediatric Acne	r the Diagnosis	
6. Manuscript Ide 2013-0490	entifying Number (if you	know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	1					
						Al
2. Consulting fee or honorarium		<b>✓</b>		AARS		
						Al
<ol> <li>Support for travel to meetings for the study or other purposes</li> </ol>		1		AARS		
						Al
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					3
						Al
5. Payment for writing or reviewing the manuscript	<b>✓</b>					
						A
5. Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					3



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	<b>✓</b>					×	
						ADD	

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	1					>
2. Consultancy		V		Allergan, Bayer, Galderma, Medicis, Promius, Ranbaxy, Warner-Chilcott,		AD >
2. Consultancy		<b>✓</b>		Valeant, Tria, Dermira		>
3. Employment	<b>V</b>					AC >
4. Expert testimony	$\checkmark$					AL
5. Grants/grants pending	<b>√</b>					AL
5. Payment for lectures including service on speakers bureaus		<b>✓</b>		Same As Consultancy		AL

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
					*	AD
<ul> <li>7. Payment for manuscript preparation</li> </ul>	<b>/</b>					>
3. Patents (planned, pending or						AL
issued)	<b>V</b>					AE
. Royalties	<b>V</b>					>
						A
<ul> <li>Payment for development of educational presentations</li> </ul>	<b>✓</b>					>
						A
. Stock/stock options	1					>
						AE
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>/</b>					5
						AE
3. Other (err on the side of full disclosure)	<b>✓</b>					>

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Hide All Table Rows Checked 'No'

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1. Given Name (F Seth	irst Name)	2. Surname (Last Name) Orlow	3. Effective Date (07-August-2008) 21-February-2013
4. Are you the co	rresponding author?	Yes V No	Corresponding Author's Name Eichenfield
5. Manuscript Tit	le		
Evidence-based	l recommendations fo	r the diagnosis and treatm	ent of pediatric acne
6. Manuscript Ide 2013-0490	entifying Number (if you	know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	1					3
						A
2. Consulting fee or honorarium		<b>✓</b>		AARS		5
						A
<ol> <li>Support for travel to meetings for the study or other purposes</li> </ol>		<b>V</b>		AARS		
						A
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					3
						A
<ul> <li>Payment for writing or reviewing the manuscript</li> </ul>	1					3
						A
5. Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	<b>✓</b>					×	
						ADD	

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	1					>
						A
2. Consultancy		<b>✓</b>		Dermira		3
2. Consultancy		1		Galderma		
						Al
3. Employment	1					3
						A
4. Expert testimony		1		Hoffmann-LaRoche		
4. Expert testimony		<b>✓</b>		Galderma		
						A
5. Grants/grants pending	1					3
						A
6. Payment for lectures including service on speakers bureaus	1					3

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
					*	AD
<ul> <li>7. Payment for manuscript preparation</li> </ul>	<b>/</b>					>
3. Patents (planned, pending or						AL
issued)	<b>V</b>					AE
. Royalties	<b>V</b>					>
						A
<ul> <li>Payment for development of educational presentations</li> </ul>	<b>✓</b>					>
						A
. Stock/stock options	1					>
						AE
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>/</b>					5
						AE
3. Other (err on the side of full disclosure)	<b>✓</b>					>

<sup>\*</sup> This means money that your institution received for your efforts.

# Section 4. Other relationships

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?

 $\checkmark$  No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation	
1. Given Name (F Diane	irst Name)	2. Surname (Last Name) Thiboutot	3. Effective Date (07-August-2008) 21-February-2013
4. Are you the co	rresponding author?	Yes V No	Corresponding Author's Name  Lawrence Eichenfield
5. Manuscript Tit	le		
Evidence based	recommendations fo	r the diagnosis and treatm	ent of pediatric acne
6. Manuscript Ide 2013-0490	entifying Number (if you	know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1			i		×
						AD
2. Consulting fee or honorarium		<b>V</b>		American Acne and Rosacea Society		×
						AD
3. Support for travel to meetings for the study or other purposes		<b>✓</b>		American Acne and Rosacea Society		×
						AD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
						AD
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					×
						ADD
7. Other	1					×
						ADD

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. Board membership	1					3
						A
2. Consultancy		<b>✓</b>		Allergan		
2. Consultancy		<b>V</b>		Galderma		
2. Consultancy		1		Photocure		3
2. Consultancy		<b>4</b>		Stiefel/GSK		3
2. Consultancy		1		Valeant		
						Al
3. Employment	1					
						A
4. Expert testimony	1					- 5

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
				er sueck		AD
5. Grants/grants pending			1	Stiefel/GSK		AD
6. Payment for lectures including service on speakers bureaus	<b>V</b>					×
7. Payment for manuscript preparation	V					AD ×
8. Patents (planned, pending or issued)	<b>V</b>					AD ×
9. Royalties	<b>✓</b>					AD AD
Payment for development of educational presentations	<b>/</b>					×
1. Stock/stock options	<b>/</b>					AD X
Travel/accommodations/     meeting expenses unrelated to     activities listed**	<b>✓</b>					AD >
3. Other (err on the side of full disclosure)	<b>V</b>					AD ×

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Section 1.	Identifying Info	rmation	
1. Given Name (F Keith	irst Name)	2. Surname (Last Name) Vaux	3. Effective Date (07-August-2008) 27-February-2013
4. Are you the co	rresponding author?	Yes V No	Corresponding Author's Name  Lawrence Eichenfield
5. Manuscript Tit			
Evidence-Basec	l Recommendations f	or the Diagnosis and Treati	ment of Pediatric Acne
6. Manuscript Ide 2013-0490	entifying Number (if you	ı know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	1					
						Al
. Consulting fee or honorarium		<b>✓</b>		AARS		
						A
s. Support for travel to meetings for the study or other purposes		<b>V</b>		AARS		
						Al
<ul> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ul>	<b>✓</b>					3
						Al
<ul> <li>Payment for writing or reviewing the manuscript</li> </ul>	1					3
						Al
<ul> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ul>	<b>✓</b>					



The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	1	1				ADD
7. Other	<b>✓</b>					×
						ADD

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. Board membership	1					
						Al
2. Consultancy	1					
	-					A
3. Employment	1					
4. Expert testimony	1					A
. Grants/grants pending	<b>/</b>					A
i. Payment for lectures including service on speakers bureaus	<b>/</b>					A
7. Payment for manuscript	<b>V</b>					A

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						A
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>V</b>					>
						A
9. Royalties	1					>
						ΑĒ
Payment for development of educational presentations	<b>V</b>					>
						AD
1. Stock/stock options	<b>✓</b>					>
						AE
2. Travel/accommodations/ meeting expenses unrelated to activities listed**						>
						AE
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					3
						AD

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4. Are you the co	rresponding author?	Yes ✓ No	Corresponding Author's Name Eichenfield, Larry
5. Manuscript Tit	le		
Evidence-Based	d Recommendations f	or the Diagnosis and Treat	ment of Pediatric Acne
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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
						AD
2. Consulting fee or honorarium		<b>✓</b>		AARS		×
						AD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>		<b>/</b>		AARS		×
						AD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	V					×
						AD
<ol> <li>Payment for writing or reviewing the manuscript</li> </ol>	<b>✓</b>					×
						AD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					>
administrative support						



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						AD
7. Other	<b>✓</b>					×

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1. Board membership	1					×
						ADD
2. Consultancy		<b>✓</b>		Galderma		×
2. Consultancy		1		Promius		×
2. Consultancy		1		Johnson and Johnson		×
2. Consultancy		<b>V</b>		Valeant		×
2. Consultancy		<b>✓</b>		TopMD		×
						ADD
3. Employment	<b>V</b>					×
						ADD
4. Expert testimony	1					×
						ADD
5. Grants/grants pending		1		Astellas		×

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending		<b>✓</b>		Photocure		×
5. Grants/grants pending		1		Galderma		×
5. Grants/grants pending		<b>V</b>		Medicis		X
Payment for lectures including service on speakers bureaus		<b>√</b>		Galderma		ADI X
7. Payment for manuscript preparation	V					X
8. Patents (planned, pending or issued)	<b>✓</b>					X
9. Royalties		<b>✓</b>		Textbook: Pediatric Deramtology		X
Payment for development of educational presentations	<b>V</b>					×
1. Stock/stock options	<b>V</b>					AD ×
Travel/accommodations/     meeting expenses unrelated to     activities listed**	V					×
Other (err on the side of full disclosure)	<b>V</b>					AD ×

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