

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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) Joon	2. Surname (Last Name) Lee	3. Date 23-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Suresh Mulukutla
5. Manuscript Title Limitations of Administrative Data for Studying Patients Hospitalized with Heart Failure		
6. Manuscript Identifying Number (if you know it) L17-0077		

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

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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Althouse	3. Date 23-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Suresh Mulukutla
5. Manuscript Title Limitations of Administrative Data for Studying Patients Hospitalized with Heart Failure		
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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Are there any relevant conflicts of interest? Yes No

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Dr. Althouse has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Suresh

2. Surname (Last Name)
Mulukutla

3. Date
23-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Limitations of Administrative Data for Studying Patients Hospitalized with Heart Failure

6. Manuscript Identifying Number (if you know it)
L17-0077

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Dr. Mulukutla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ahmad	2. Surname (Last Name) Masri	3. Date 24-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Suresh Mulukutla
5. Manuscript Title Limitations of Administrative Data for Studying Patients Hospitalized with Heart Failure		
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Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey

2. Surname (Last Name)
McKibben

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ahmad Masri

5. Manuscript Title
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