

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.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Amol	2. Surname (Last Name) Navathe	3. Date 22-May-2017
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title "Physician Support of Financial Penalties for Inappropriate Antibiotic Prescribing: A Survey of US Internists"		
6. Manuscript Identifying Number (if you know it) L17-0102		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Hawaii Medical Services Association	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 grants (co-PI with Kevin Volpp and Ezekiel Emanuel) for research evaluation of new payment model; participation in 1 expert panel on payment models
Oscar Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant to evaluate new care model for high-risk patients - co PI with Ezekiel Emanuel
Elsevier Press	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Editorial Responsibilities
Navvis and Company	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory services for bundled payments

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Navigant, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory services for life sciences clients around value based care
Lynx Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care model and bundled payment advisory services
Indegene, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member Advisory Board, primarily on bundled payment
Sutherland Global Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member, Healthcare Advisory Board - value based care

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Navathe reports grant support and personal fees from the Hawaii Medical Services Association, grant support from Oscar Health, personal fees from Elsevier Press, Navvis and Company, Navigant, Inc., Lynx Medical, Indegene, Inc., and Sutherland Global Services outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Asch

3. Date
19-May-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Joshua Liao

5. Manuscript Title
"Physician Support of Financial Penalties for Inappropriate Antibiotic Prescribing: A Survey of US Internists"

6. Manuscript Identifying Number (if you know it)
L17-0102

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
VAL Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Asch reports personal fees from VAL Health, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nandita	2. Surname (Last Name) Mitra	3. Date 19-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Grande
5. Manuscript Title Physician Support of Financial Penalties for Inappropriate Antibiotic Prescribing: A Survey of US Internists		
6. Manuscript Identifying Number (if you know it) _____		

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Section 6. Disclosure Statement

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Dr. Mitra 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) ARLENE 2. Surname (Last Name) WEISSMAN 3. Date 5/23/2017

4. Are you the corresponding author? Yes No

5. Manuscript Title

Physician Support of Financial Penalties for Inapprop Antibiotic Prescribing

6. Manuscript Identifying Number (if you know it)

L17-0102

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Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Liao

3. Date

19-May-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marilyn	2. Surname (Last Name) Schapira	3. Date 31-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Physician Support of Financial Penalties for Inappropriate Antibiotic Prescribing: A Survey of US Internists	_____	
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Schapira has nothing to disclose.

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