

INSTRUCTIONS:

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1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Given Name: (or first)		Surname: (or last)	delbanco	Effective Date:	11-May-2010
Are you the cor	responding author?	ĭ Yes □ N	No	Format examp	ole: 07-August-2008
Manuscript Title:	Open Notes: doctors	and patients s	igning on		
Manuscript Identi	fying Number (if yo	ou know it):	M10-0898		
Section 2. Informa	ation about the s	support of t	he work under considerat	ion for publicatio	n.
	•	1 ,	t or support in kind for any aspect manuscript preparation, statistica		ork (including but no
☐ No					
☐ Yes, specify	nature of compensati	ion			

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant		\boxtimes		\boxtimes	Robert Wood Johnson Fdtn	philanthropy	Del ×
Grant	\boxtimes			\boxtimes	Drane Center Fund	through the Boston Foundation	Del ×
				•			Add +
Consulting fee or honorarium			\boxtimes				Del ×
	•	•		•			Add +
Support for travel to meetings for the study or otherwise		\boxtimes			RWJF		Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			\boxtimes				Del ×
							Add +
Payment for writing or reviewing the manuscript		\boxtimes		\boxtimes	RWJF	part of the grant	Del ×



Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×
							Add +
Other							Del ×
							Add +

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership				Eliza Corporation	stock options	Del ×
				,	1	Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
			,			Add +
Gifts	\boxtimes					Del×
						Add +
Grants/grants pending	\boxtimes					Del ×

^{**}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	
			•			Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
			•			Add +
Royalties	\boxtimes					Del×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
			•			Add +
Stock/stock options				see above - eliza corp	Not related to this project	Del×
						Add +
Travel/accommodations expenses covered or reimbursed		\boxtimes		RWJF	As part of the grant	Del ×
						Add +
Other (err on the side of full disclosure)						Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or you	ur spouse or partner	have financia	l relationships	with entities	that have an	interest in the	e content of the	he
submitted work?								

No other relationships/conditions/circumstances that present po	otential con	aflict of interes
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Yes, the following relationships/conditions/circumstances are present (explain below):



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Section 1. Identifying Information. Given Name: (or first) Elisabeth Are you the corresponding author? Yes No Corresponding author's name: Tom Delbanco, MD Manuscript Title: Open Notes: doctors and patients signing on Manuscript Identifying Number (if you know it): M10-0898

Section 2. Information about the support of the work under consideration for publication.

Did you or your inst	citution at any t	ime receive	payment or s	support in kir	ıd for any a	aspect of the	submitted v	vork (including	but not
limited to grants, da	ta monitoring b	ooard, study	design, man	uscript prepar	ration, stati	istical analysi	s, etc)?		

Ш	NO					
\boxtimes	Yes,	specify	nature o	f com	pensation	

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant				\boxtimes	Robert Wood Johnson Foundation	Grant to BIDMC for overall project support.	Del ×
							Add +
Consulting fee or honorarium			\boxtimes				Del ×
				•			Add +
Support for travel to meetings for the study or otherwise			\boxtimes				Del ×
	•			'			Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			\boxtimes				Del ×
	•					•	Add +



Туре	Money Paid to You*				Name of Entity	Comments**	
Payment for writing or reviewing the manuscript	\boxtimes		\boxtimes				Del ×
	•						Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support			\boxtimes				Del ×
	•						Add +
Other	\boxtimes		\boxtimes				Del ×
							Add +

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
						Add +
Gifts	\boxtimes					Del ×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
			1			Add +
Grants/grants pending				Robert Wood Johnson Foundation	Grant paid to BIDMC where I am an employee; part of my salary was paid with this grant.	Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
			1			Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
			•			Add +
Stock/stock options	\boxtimes					Del ×
			1			Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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Effective Date: 01-June-2010

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Surname:

Section 1. Identifying Information.

Given Name:

Consultancy

Employment

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Are you the	correspond	ing auth	or? Yes	∑ No		Format example: 07-August-2	ablication. mitted work (including but not ec)? tted work. tips (regardless of amount of reach entity; add as many lines der or editor would want to eco submission. In addition please and could reasonably criticize
Corresponding	author's n	name:	om Delbanco				
Manuscript Tit	tle: "Open	Notes: d	octors and pa	tients signing o	n."		
•							
Manuscript Ide	entifying N	lumber	(if you know	it): M10-0898	3		
					under consideration f	-	
		•		* *	rt in kind for any aspect of the transfer of the preparation, statistical analy	` `	ut not
⊠ No							
Yes, spec	cify nature o	of compo	ensation				
Section 3. Info	rmation a	about r	elevant fin	ancial relati	onships outside the su	ıbmitted work.	
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. ,	•					a reader or editor would want	•
know about the	compensati	on. Rep	ort relationsh	ips that were pr	esent during the 36 months 1	prior to submission. In addition	n pleas
					readers may want to know al nips that are now ended).	bout and could reasonably criti	cize
•							
If you have mor	e than one	relations	hip, click "Ad	ld +" to add a r	ow. Click "Del ×" to delete	an extra row.	
Type of Relat		No	Money Paid to	Money to Your	Entity	Comments	
(in alphabetica	al order)	140	You	institution	Linuty	Comments	
Board membership)	\boxtimes					Del ×



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
'		1	'			Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria						Del ×
		I	1			Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties						Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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		_			
Given Name: Jan	า	Surname: (or last)	Walker	Effective Date:	02-June-2010
` ′ _	orresponding author? [, ,	No .	Format exam _l	ple: 07-August-2008
Corresponding a	uthor's name: Tom [Delbanco			
Manuscript Title	: Open Notes: Doctors	and Patients S	iigning On		
Manuscript Iden	tifying Number (if yo	ou know it):	M10-0898		
Section 2. Inform	nation about the s	support of t	he work under considerat	tion for publication	on.
Did you or your in	stitution at any time re	eceive payment	or support in kind for any aspect manuscript preparation, statistica	ct of the submitted w	
□ No					
Xes, specif	y nature of compensat	ion			

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	No	Yes	No	Yes			
Grant					grant from Robert Wood Johnson Foundation to BIDMC		Del ×
							Add -
Consulting fee or honorarium			\boxtimes				Del ×
							Add -
Support for travel to meetings for the study or otherwise						included in grant. My out of pocket expenses were reimbursed.	Del ×
		'					Add -
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			\boxtimes				Del ×
				'		-	Add -



Туре		y Paid ′ou*	Yo	ey to our oution	Name of Entity	Comments**	
Payment for writing or reviewing the manuscript	\boxtimes		\boxtimes			included in grant	Del ×
	•						Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support			\boxtimes				Del ×
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Other	\boxtimes		\boxtimes				Del ×
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						Add +
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Gifts	\boxtimes					Del ×

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						Add +
Royalties	\boxtimes					Del ×
						Add +
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						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

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submitted work?								

\boxtimes N	No other	relations	hips/	conditions/	circums	tances	that	present	potential	conflict	of inter	es
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Effective Date: 19-May-2010

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Surname:

Section 1. Identifying Information.

Given Name:

Consultancy

Employment

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(or first)	Joann		(or last)	Elmore	1	Effective Date: 19-M	
Are you the	correspondi	ng author?	Yes X	No		Format example: 0'	7-August-2008
Corresponding	author's na	ame: Tom	Delbanco				
Manuscript Tit	le: Open l	Notes: docto	ors and patients	signing o	n"		
Manuscript Ide	entifying N	umber (if y	ou know it):	M10-0898	3		
Did you or your	institution a	t any time r	eceive payment	or suppo	t under consideration art in kind for any aspect of the preparation, statistical and	the submitted work (in	ncluding but n
⊠ No							
Yes, spec	cify nature o	f compensa	tion				
Section 3. Info	rmation a	bout rele	vant financi	al relati	ionships outside the s	submitted work.	
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending				The Robert Wood Johnson Foundation supported this work	Acknowledged in paper	Del ×
			1			Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation						Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties	\boxtimes					Del×
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Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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Section 1. Identifying Information. Given Name: (or first) Are you the corresponding author? Yes No Corresponding author's name: Tom Delbanco Manuscript Title: Open notes: doctors and patients signing on Manuscript Identifying Number (if you know it): M10-0898

Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any	time receive pays	ment or support in ki	and for any aspect	of the submitted	work (including but not
limited to grants, data monitoring	g board, study des	ign, manuscript prepa	aration, statistical	analysis, etc)?	

X Yes,	specify natu	re of com	oensation

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant		\boxtimes	\boxtimes		Robert Wood Johnson Foundation		Del >
				•			Add -
Consulting fee or honorarium			\boxtimes				Del >
							Add -
Support for travel to meetings for the study or otherwise			\boxtimes				Del >
							Add -
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	\boxtimes		\boxtimes				Del >
		1		1			Add -



Туре		y Paid ′ou*	Yo	ey to our tution	Name of Entity	Comments**	
Payment for writing or reviewing the manuscript			\boxtimes				Del ×
	•		•	•			Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support							Del ×
	•						Add +
Other	\boxtimes		\boxtimes				Del ×
	•	•	•				Add +
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
						Add +
Gifts	\boxtimes					Del ×

^{**}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	
						Add +
Grants/grants pending		×		Robert Wood Johnson Foundation	Only indirectly related: grant support to study an advanced personal health record prototype, which conceivably could include access to clinic notes	Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
			1			Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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Did you or your inst	itution at any 1	time receive p	payment or sup	port in kind	for any aspect	t of the submitted	work (including b	out not
limited to grants, da	ta monitoring l	board, study o	design, manusc	ript preparat	ion, statistical	analysis, etc)?		

	INO	
\boxtimes	Yes, specify nature	of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Туре		y Paid 'ou*	Yo	ey to our tution	Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					Robert Wood Johnson Foundation via subcontract from Beth Israel Deaconess, the site of the primary grant award.		Del×
	•		•				Add +
Consulting fee or honorarium							Del ×
	1	'		'			Add +
Support for travel to meetings for the study or otherwise	\boxtimes						Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del ×



Туре		ey Paid Money to You* Institution		our	Name of Entity	Comments**	
	•						Add +
Payment for writing or reviewing the manuscript	\boxtimes		\boxtimes				Del ×
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×
	•						Add +
Other	\boxtimes		\boxtimes				Del ×
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						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
						Add +

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Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
propulation						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Given Name: Surname: Effective Date: 10-May-2010 Henry Feldman (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? \(\subseteq\) Yes \(\subseteq\) No Corresponding author's name: Tom Delbanco Manuscript Title: Open Notes: doctors and patients signing on Manuscript Identifying Number (if you know it): Section 2. Information about the support of the work under consideration for publication. Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? ☐ No X Yes, specify nature of compensation

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							Add -
Consulting fee or honorarium							Del >
							Add -
Support for travel to meetings for the study or otherwise							Del >
	'				1		Add -
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del >
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Туре		y Paid ′ou*	Yo	ey to our oution	Name of Entity	Comments**	
Payment for writing or reviewing the manuscript		\boxtimes		\boxtimes			Del ×
	•			•			Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support				\boxtimes			Del ×
	•			•			Add +
Other				\boxtimes			Del ×
	•			•			Add +

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						Add +
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			,			Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

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Do your children or	your spouse or pa	artner have financi	ial relationships	with entities	that have an	interest in the	content o	f the
submitted work?								

\boxtimes N	No other	relations	hips/	conditions/	circums	tances	that	present	potential	conflict	of inter	es
---------------	----------	-----------	-------	-------------	---------	--------	------	---------	-----------	----------	----------	----

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Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other)
that a reasonable reader would want to know about in relation to the submitted work?
No relevant nonfinancial relationships/conditions/circumstances to report.
Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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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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 has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

The goal of this section is to provide information for our reviewers and readers about your interactions with entities in the biomedical 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. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to benefit financially from the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as the NIH or the MRC, need not be disclosed. For example, if the NIH sponsored a piece of work you have been involved in but drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Given Name: Surname: Effective Date: 11-May-2010 Jonathan Darer (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? \(\subseteq\) Yes \(\subseteq\) No Corresponding author's name: Tom Delbanco, MD Manuscript Title: Open Notes: doctors and patients signing on Manuscript Identifying Number (if you know it): Section 2. Information about the support of the work under consideration for publication. Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? ☐ No X Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	\boxtimes			\boxtimes	Robert Wood Johnson Foundation		Del >
							Add -
Consulting fee or honorarium			\boxtimes				Del >
							Add -
Support for travel to meetings for the study or otherwise			\boxtimes				Del >
							Add -
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	\boxtimes						Del >
							Add -



Туре	Mone; to Y	y Paid ′ou*	Yo	ey to our oution	Name of Entity	Comments**	
Payment for writing or reviewing the manuscript	\boxtimes		\boxtimes				Del ×
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support							Del ×
							Add +
Other	\boxtimes		\boxtimes				Del ×
							Add +

Section 3. Information about relevant financial relationships 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 any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
						Add +
Gifts	\boxtimes					Del ×

^{**}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	
						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria	\boxtimes					Del ×
			,			Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or part	ner have financial relationship	s with entities that have ar	interest in the content of the
submitted work?			

X	No other relationship	s/conditions/	circumstances that	present potential	conflict of interest

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



Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?
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