

Instructions

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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.

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

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Section 1.	Identifying Infor	mation		
1. Given Name (First Name) Robert 2. Surname (Last Name) Wachter			3. Effective Date (07-August-2008) 08-January-2013	
4. Are you the corresponding author?		Yes No Corresponding Author's Na Paul Shekelle		nme
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript lde M12-2931	ntifying 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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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	AHRQ	Contract through RAND EPC	×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes			\checkmark	AHRQ	Cover travel to meetings	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	√					×
						ADD
5. Payment for writing or reviewing the manuscript			✓	AHRQ	Salary support for role in EPC project	×
						ADD



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	✓					×
						ADD
7. Other	✓					×
						ADD

Section 3. Releva

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership		✓		American Board of Internal Medicine	Chair of the Board, I receive a stipend and compensation for meetings and travel	×		
1. Board membership	✓			Salem Hospital	Board of Directors, Quality Committee	×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		

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^{**} Use this section to provide any needed explanation.



Relevant financial activities out	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending			√	Agency for Healthcare Research and Quality (AHRQ)	Editor of two patient safety websites, WebM&M and Patient Safety Network; co-PI of study examining evidence behind patient safety practices	×
						ADD
6. Payment for lectures including service on speakers bureaus		✓		More than 100 healthcare organizations (hospitals, healthcare systems, state medical and hospital associations)	Honorarium for a variety of lectures, mostly on patient safety, healthcare quality, and hospitalists	×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties		✓		Lippincott, Williams & Wilkins	Editor of textbook, "Hospital Medicine"	×
9. Royalties		✓		McGraw-Hill	Author of textbooks, "Understanding Patient Safety" and "Understanding Healthcare Quality"	×
						ADD
Payment for development of educational presentations		✓		QuantiaMD	Fee paid for developing and presenting patient safety educational material	×
Payment for development of educational presentations			/	IPC-The Hospitalist Company	We are delivering a leadership course to 40-80 of IPC's clinical leaders; compensation to UCSF.	×
						ADD



11. Stock/stock options		✓		PatientSafe Solutions	Start-up company making nursing handheld safety system for hospitalized patients. I'm on scientific advisory board and have stock options.	×
11. Stock/stock options		✓		CRISI	Start-up company making device to prevent medication errors in IV-push medications. I'm on scientific advisory board and have stock options.	×
11. Stock/stock options		✓		EarlySense	Start-up company making bed sensor that monitors patient's vital signs noninvasively. 'm on scientific advisory board and have stock options.	×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
13. Other (err on the side of full disclosure)		✓		John Wiley & Sons	Compensation for writing my blog, "Wachter's World"	×
13. Other (err on the side of full disclosure)			\checkmark	Marc and Lynne Benioff	I hold the Benioff endowed chair in hospital medicine	×
13. Other (err on the side of full disclosure)		✓		US-UK Fulbright Commission	Funding for sabbatical at Imperial College, London, July-Dec 2011	×
						ADD

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?

^{*} This means money that your institution received for your efforts.

^{**} 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.

Hide All Table Rows Checked 'No'

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Evaluation and Feedback

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Section 1.	ldentifying Infor	mation		
1. Given Name (First Name) 2. Surname (Last Name) Naihua Duan			3. Effective Date (07-August-2008) 16-December-2012	
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na Paul G. Shekelle	me
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ider M12-2931	ntifying Number (if you	know it)		

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The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



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

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	√					X	
						ADD	
3. Employment	✓					X	
						ADD	
4. Expert testimony	✓					X	
						ADD	
5. Grants/grants pending	✓					X	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

and the second	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Section 1.	Identifying Infor	mation		
1. Given Name (First Name) Leonard 2. Surname (Last Name) Bickman			3. Effective Date (07-August-2008) 16-December-2012	
4. Are you the corresponding author?		☐ Yes 🗸 No	Corresponding Author's Name Shekelle	
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ide	ntifying Number (if you	know it)		

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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes		✓		Rand Corp		×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 		✓		Rand corp		×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		\checkmark					×			
							ADD			

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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	• 1 • 1					
Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	√					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	_

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	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Donna	rst Name)	2. Surname (Last Name) Farley		3. Effective Date (07-August-2008) 18-December-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Paul Shekelle	me
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
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1. Grant			✓	AHRQ		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes		✓		AHRQ		×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication										
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		\checkmark					×			
							ADD			

Section 3. Role

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy		√		RAND		×		
2. Consultancy		√		WHO		×		
						ADD		
3. Employment		✓		RAND		×		
						ADD		
4. Expert testimony	\checkmark					×		
						ADD		
5. Grants/grants pending	\checkmark					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		

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Relevant financial activities out:	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	√					X
10 Decime out for development of						ADD
Payment for development of educational presentations	√					X
						ADD
11. Stock/stock options	✓					X
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution received for your efforts. ** 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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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Gregg	rst Name)	2. Surname (Last Name) Meyer		3. Effective Date (07-August-2008) 11-December-2012
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nat Paul Shekelle, MD	me
5. Manuscript Title The Top Patient		Can Be Encouraged for Ac	loption Now	
6. Manuscript Idei M12-2931	ntifying Number (if you l	know it)	_	

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		✓		RAND	Expert Panel participation	×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes			✓	RAND	Expert Panel participation	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
5. Payment for writing or reviewing the manuscript	✓					×
						ADD



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	✓					×
						ADD
7. Other	✓					×
						ADD

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony		✓		Winston Straw LLC	I serve as an expert witness on a case related to restraint of trade and quality improvement in a midwest healthcare organization.	×
						ADD
5. Grants/grants pending	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD

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?

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1. Given Name (Fi Liam	rst Name)	2. Surname (Last Name) Donaldson		3. Effective Date (07-August-2008) 14-December-2012
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Na Paul Shekelle	nme
5. Manuscript Title The top patient		can be encouraged for add	pption now	
6. Manuscript lde M12-2931	ntifying Number (if you	know it)		

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	✓					×	
						ADD	
2. Consulting fee or honorarium		\checkmark		RAND Corporation		×	
						ADD	
Support for travel to meetings for the study or other purposes		✓		RAND Corporation		×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×	
						ADD	
Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	√					×	



The Work Under Consideration for Publication							
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		\checkmark					×
							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	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
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1. Given Name (Fi	irst Name)	2. Surname (Last Name) Stevens		3. Effective Date (07-August-2008) 23-December-2012
4. Are you the co	responding author?	Yes Vo	Corresponding Author's Na Paul Shekelles	me
5. Manuscript Titl The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ide	ntifying 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	✓					×	
						ADD	
2. Consulting fee or honorarium		✓		RAND/AHRQ		×	
						ADD	
Support for travel to meetings for the study or other purposes		✓		RAND/AHRQ		×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×	
						ADD	
Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	√					×	



The Work Under Consideration for Publication								
Ту	pe No		Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						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	✓					×	
						ADD	
2. Consultancy	✓					X	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

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						ADD	
Patents (planned, pending or issued)	√					×	
						ADD	
9. Royalties	✓					×	
						ADD	
10. Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×	
						ADD	
13. Other (err on the side of full disclosure)	✓					×	
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1. Given Name (Fi Sydney	rst Name)	2. Surname (Last Name) Dy		3. Effective Date (07-August-2008) 16-December-2012
4. Are you the corresponding author?		☐ Yes 🗸 No	Corresponding Author's Name Shekelle, Paul	
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1. Grant			✓	AHRQ		×
						ADD
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						ADD
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						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	✓					×
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Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities outs	مطع ماء:	. audamiss	tod would			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
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						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul ^s	tancy on this line.	ADD

Section 4.	Other valeties ships
	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi James	rst Name)	2. Surname (Last Name) Reston		3. Effective Date (07-August-2008) 18-December-2012
4. Are you the corresponding author?		Yes No Corresponding Author's Na Paul Shekelle		me
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ide M12-2931	ntifying 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.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (Contract No. HHSA-290-2007-10062 I).	AHRQ reviewed contract deliverables to ensure adherence to contract requirements and quality, but had no role in the selection or review of the evidence or the decision to submit this manuscript for publication.	×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD



The Work Under Consideration f	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×
						ADD
7. Other	✓					×
						ADD

^{*} This means money that your institution received for your efforts on this study.

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.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
Payment for lectures including service on speakers bureaus	✓					X ADD
7. Payment for manuscript preparation	✓					×
8. Patents (planned, pending or issued)	✓					ADD ×
						ADD
9. Royalties	✓					×
Payment for development of educational presentations	✓					ADD ×
						ADD
11. Stock/stock options	✓					X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					ADD ×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD

^{*} This means money that your institution received for your efforts.

^{**} 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
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No'

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Instructions

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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.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi marlene	rst Name)	2. Surname (Last Name) miller		3. Effective Date (07-August-2008) 18-December-2012
4. Are you the corresponding author?		Yes No Corresponding Author's Na Paul Shekelle		me
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ide M12-2931	ntifying 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.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium		\checkmark		Rand		×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		\checkmark					×
							ADD

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	√					X
						ADD
3. Employment	✓					X
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	✓					X
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement mals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Evaluation and Feedback

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Section 1.	ldentifying Infor	mation		
1. Given Name (Fi Karen	rst Name)	2. Surname (Last Name) Schoelles		3. Effective Date (07-August-2008) 18-December-2012
4. Are you the corresponding author?		☐ Yes 🗸 No	Corresponding Author's Name Paul Shekelle	
5. Manuscript Title The Top Patient		t Can Be Encouraged for Ac	doption Now	
6. Manuscript Ide M12-2931	ntifying 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.

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes			/	RAND Corporation (funded by AHRQ)	RAND (funded by AHRQ) funded travel for 3 people from ECRI to Technical Expert Panel meeting	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
5. Payment for writing or reviewing the manuscript	✓					X
						ADD



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	✓					×
						ADD
7. Other			V	RAND (funded by AHRQ)	supported work by several ECRI staff on "Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices" for AHRQ	×
						ADD

^{*} This means money that your institution received for your efforts on this study.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	√					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADE
5. Grants/grants pending	✓					X
6. Payment for lectures including						ADD
service on speakers bureaus	√					×
						ADE
Payment for manuscript preparation	✓					×
						ADE
Patents (planned, pending or issued)	✓					×
						ADE
9. Royalties	✓					×
						ADI
Payment for development of educational presentations	√					×
						ADI
11. Stock/stock options	✓					×
12. Travel/a saaran						ADI
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADI
13. Other (err on the side of full disclosure)	✓					×
						ADI

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Cartinu A	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No'

Evaluation and Feedback

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Paul	rst Name)	2. Surname (Last Name) Shekelle	3. Effective Date (07-August-2008) 20-December-2012
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title The Top Patient		t Can Be Encouraged for Adoption Now	
6. Manuscript Idea M12-2931	ntifying Number (if you	know it)	

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for Publ	lication				
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
✓					×
					ADD
✓					×
					ADD
✓					×
					ADD
✓					×
					ADD
✓					×
					ADD
√					×
	No V	No Paid to You V	No Paid Your Institution* I Description of the paid to You Institution of the paid to You Institution of the paid to You Institution of the paid to Your Inst	No Paid Your Institution* No Institution* Name of Entity	No Paid to Your Institution* No No Paid to Your Institution* Name of Entity Comments**



The Work Under Considerat	tion for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	√					×
						ADD

Section 3.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy		\checkmark		ECRI		×
						ADD
3. Employment		\checkmark		VA		×
						ADD
4. Expert testimony	√					×
						ADD
5. Grants/grants pending			\checkmark	AHRQ, VA, CMS, NINR- NHS,ONC		×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties		✓		UpToDate		×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)						×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of	

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):

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.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



INSTRUCTIONS:

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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 not 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. Non financial 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.



Section 1. Identifying Information Given Name: Surname: Effective Date: 11-December-2012 David Bates (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? \(\subseteq\) Yes X No Corresponding author's name: | Shekelle, Paul Manuscript Title: The Top Patient Safety Strategies That Can Be Encouraged for Adoption Now 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.

Туре		y Paid 'ou*	Money to Your Institution		Your		Name of Entity	Comments**	
	No	Yes	No	Yes					
Grant	\boxtimes						Del ×		
							Add +		
Consulting fee or honorarium		\boxtimes			RAND		Del ×		
							Add +		
Support for travel to meetings for the study or otherwise		\boxtimes			RAND		Del ×		
	!			!			Add +		
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del ×		
	1			1	1		Add +		



Туре	Mone: to Y	y Paid ′ou*	Money to Your Institution		Your		Your		Your		Your		Your		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						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 Relationships (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del×
			1			Add +
Consultancy				Patient-Safe Solultions	Makes systems for improving safety in hospitals	Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
					•	Add +
Gifts	\boxtimes					Del ×

^{**}Use this section to provide any needed explanation



Type of Relationships (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)						Del ×
			,			Add +
Royalties				Medicalis	Radiology ordering applications	Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options				Calgary Scientific	Makes applications facilitating data transfer	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	partner have fin	ancial relations	hips with er	ntities that have	an interest in th	ne content o	of the
submitted work?								

No other relationships/conditions/circumstances that present potential conflict of in	teres
---	-------

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?
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 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.

1. 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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by 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 government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

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 (Fi	rst Name)	2. Surname (Last	Name)	3. Effective Date (07-August-2008) 11-December-2012
4. Are you the corresponding author?		Yes✓ N	o Corresponding Autl Paul Shekelle	hor's Name
5. Manuscript Title The Top Patient	e Safety Strategies Tha	t Can Be Encourage	d for Adoption Now	
6. Manuscript Ider M12-2931	ntifying 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.

The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes		✓		RAND		×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication						
Туј	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						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.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statemen

its.

Hide All Table Rows Checked 'No'

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Instructions

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3. Relevant financial activities outside the submitted work.

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4. Other relationships.

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.

Lohr 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Kathleen	rst Name)	2. Surnan Lohr	ne (Last Name)		3. Effective Date (07-August-2008) 12-December-2012
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na Paul Shekelle	me
5. Manuscript Title REF: "The Top Pa	tient Safety Strategies	That Can B	e Encouraged	for Adoption Now"	
6. Manuscript Ider M12-2931	ntifying Number (if you kr	now 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.

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	✓					×		
						ADD		
2. Consulting fee or honorarium		✓		The RAND Corporation	Members of expert panel eceived a small honorarium for all the work over a couple of years, but nothing specifically for this paper.	×		
						ADD		
3. Support for travel to meetings for the study or other purposes	✓					×		
						ADD		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×		
						ADD		
Payment for writing or reviewing the manuscript	✓					×		



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
Provision of writing assistance, medicines, equipment, or administrative support	✓					×			
						ADD			
7. Other	√					×			
						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.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	\checkmark					×		
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	\checkmark					×		
						ADD		
Payment for development of educational presentations	\checkmark					×		
						ADD		
11. Stock/stock options	\checkmark					×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×		
						ADD		
13. Other (err on the side of full disclosure)	✓					×		
* This means money that your institution	racaivad	forvouroff	forts			ADD		

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):

^{*} This means money that your institution received for your efforts.

^{**} 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.

Hide All Table Rows Checked 'No'

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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.

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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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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by 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 government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

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 (Fi Stephen	rst Name)	2. Surname (Last Name) Shortell		3. Effective Date (07-August-2008) 03-January-2013
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Paul Shekelle	me
5. Manuscript Title The Top Patient	e Safety Strategies			
6. Manuscript Ide M12-2931	ntifying 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.

The Work Under Consideration f	for Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		AHRQ		×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					X	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
						ADD	
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.		

Section 4.	
Section 1.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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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 (Fi Peter	rst Name)	2. Surname (Last Name) Pronovost		3. Effective Date (07-August-2008) 27-December-2012
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Na Paul Shekelle	me
5. Manuscript Title "The Top Patient		nt Can Be Encouraged for A	doption Now"	
6. Manuscript Ide M12-2931	ntifying 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.

The Work Under Consideration f	or Pub	lication				
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	

^{*} This means money that your institution received for your efforts on this study.

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.

Relevant financial activities outside the submitted work

^{**} 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	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership		✓		Cantel Medical Group	ongoing relationship	
						A
2. Consultancy		✓		APIC, Hospitals and Health Care Systems	ongoing relationship	
						A
5. Grants/grants pending			✓	AHRQ, NIH	ongoing relationship	
						A
6. Payment for lectures including service on speakers bureaus		\checkmark		Leigh Bureau(speaking on Quality and Safety)	ongoing relationship	
						A
9. Royalties		√		Penguin Group	Co-Author Book	
						A
* This means money that your institutior ** For example, if you report a consultan				ravel related to that consul	tancy on this line.	
Section 4. Other relations	hips					
Are there other relationships or active potentially influencing, what you wr				to have influenced, or th	at give the appearance o	f

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

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Eileen	rst Name)	2. Surname (Last Name) Lake		3. Effective Date (07-August-2008) 07-January-2013
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na Paul Shekelle	me
5. Manuscript Title The Top Patient		Can Be Encouraged for Ac	loption Now	
6. Manuscript Ide Annals M12-293	ntifying Number (if you l 1	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.

The Work Under Consideration t	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium		✓		RAND	Technical Expert Panel member	×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		RAND	Attend TEP meetings	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
5. Payment for writing or reviewing the manuscript	✓					×
						ADD



The Work Under Consideration f	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	√					×
						ADD
7. Other	✓					×
						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.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy 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?

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



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Section 1. Identifying Inform			3. Effective Date (07-August-2008)
1. Given Name (First Name) Trisha	2. Surname (Last Name) Greenhalgh		21-December-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nam	ne
5. Manuscript Title THE TOP PATIENT SAFETY STRATEGIES	paralla you elist with parallan		

Section 2. The Work Under Consideration for Publication

Greenhalgh

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

The Work Under Consideration f	or Pub	lication	The lates	0.3		
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	/					ADD
2. Consulting fee or honorarium		V		RAND		X ADD
3. Support for travel to meetings for the study or other purposes		V		RAND		× ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
5. Payment for writing or reviewing the manuscript	V					× ADD
Provision of writing assistance, medicines, equipment, or administrative support	V					×



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	V					X
* This means money that your ins ** Use this section to provide an	titution received y needed explan	l for your ef ation.	forts on this study			

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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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					X
2. Consultancy	V					ADD ADD
3. Employment	V					×
4. Expert testimony						X
5. Grants/grants pending	V					×
Payment for lectures including service on speakers bureaus	V					ADD
Payment for manuscript preparation						×



'ype of Relationship (in	No	Money Paid to	Money to Your	Entity	Comments
alphabetical order)		You	Institution*		
tanta (planned panding or					
tents (planned, pending or ued)	1				
yalties	1				
yment for development of					
lucational presentations	1				
ock/stock options	1				
avel/accommodations/					
eeting expenses unrelated to	1	Ш			
ther (err on the side of full sclosure)	V				
301030107					
means money that your institution	n received	for your ef	forts.	I related to that consu	dtancy on this line
example, if you report a consulta-	ncy above	there is no	need to report trave	er related to that consc	intancy on this inc.
-					
tion 4. Other relation:	ships	SEA S			

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

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Lilford 1



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Richard	rst Name)	2. Surname (Last Name) Lilford		3. Effective Date (07-August-2008) 12-December-2012
4. Are you the corresponding author?		Yes Vo	Corresponding Author's Na Paul Shekelle	me
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ide M12-2931	ntifying 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.

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant		✓		National Institute of Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care (CLAHRC) for Birmingham and the Black Country		×			
						ADD			
2. Consulting fee or honorarium		✓		AHRQ		×			
						ADD			
Support for travel to meetings for the study or other purposes		✓		AHRQ		×			
						ADD			

^{*} This means money that your institution received for your efforts on this study.

Lilford 2

^{**} Use this section to provide any needed explanation.

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Relevant financial activities outside the submitted work											
Type of Relationship (in alphabetical order)	No	Money Paid to You	_	Entity	Comments						

^{*} 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

١	Voc the follow	vina rolationchine	/conditions/circumstance	or are procent (ovalain h	رامیدار،
ı	res, the follow	virig relationstilps	/COHUILIOHS/CITCUITISLANCE	es are present (expiaiii b	eiow).

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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Lilford 3

^{**} 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 (Fi	irst Name)	2. Surname (Last Name) Haughom		3. Effective Date (07-August-2008) 19-December-2012
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na Paul Shelleke, MD	me
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript lde	ntifying 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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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication									
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		\checkmark					×		
							ADD		

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	√					X			
						ADD			
3. Employment	✓					X			
						ADD			
4. Expert testimony	✓					X			
						ADD			
5. Grants/grants pending	✓					X			
						ADD			
Payment for lectures including service on speakers bureaus	✓					×			
						ADD			
Payment for manuscript preparation	✓					×			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	√					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

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): 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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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.

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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. Other relationships.

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 (Fi Kieran	rst Name)	2. Surname (Last Name) Walshe		3. Effective Date (07-August-2008) 02-January-2013
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nat Paul Shekelle	me
5. Manuscript Title The Top Patient		Can Be Encouraged for Ad	option Now	
6. Manuscript Ide	ntifying Number (if you l	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.

The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication						
Туј	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						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.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution received for your efforts. ** 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 relations	nine					

Cardian A	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Evaluation and Feedback

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Instructions

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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.

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4. Other relationships.

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.

Saint 1



Section 1.	Identifying Infor	mation		
1. Given Name (First Name) Sanjay		2. Surname (Last Name) Saint		3. Effective Date (07-August-2008) 25-December-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Nan Paul Shekelle	ne
5. Manuscript Title		nt Can Be Encouraged for A	dention Now"	
·	, ,		aoption now	
M12-2931	ntifying 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.

The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium		✓		AHRQ/RAND	An honorarium was provided for work on the technical expert panel.	×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		AHRQ/RAND	Reimbursement for traveling to the technical expert panel meeting in Rockville, MD	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD

Saint 2



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
Provision of writing assistance, medicines, equipment, or administrative support	✓					×		
						ADD		
7. Other	\checkmark					×		
						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.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		

Saint 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus		✓		Various hospitals, academic medical centers, grouppurchasing organizations (eg, VHA, Premier) professional societies (eg., Society of Hospital Medicine), and non-profit foundations (eg, Institute for Healthcare Improvement, Michigan Health and Hospital Association).	I have received numerous honoraria and speaking fees for lectures on hospital-acquired infection prevention, implementation science, and patient safety from hospitals, academic medical centers, professional societies, and non-profit foundations. None of these activities are related to speakers bureaus. I believe these are not directly relevant to the submitted work but have disclosed them just in case.	×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		√		Doximity.	I am on the medical advisory board of Doximity, a new social networking site for physicians. This is not relevant to the submitted work but I have disclosed just in case.	×
						ADD

Saint 4



12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓				×						
					ADD						
13. Other (err on the side of full disclosure)	✓				×						
					ADD						
* This means money that your institution received for your efforts. ** 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 relationsl	nips										
•			•	to have influenced, or th	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											
✓ No other relationships/conditions	s/circums	tances tha	it present a p	otential conflict of intere	st						
					st						
✓ No other relationships/conditions Yes, the following relationships/c					st						
	onditions e, journals	/circumsta	ances are pre	sent (explain below): nfirm and, if necessary, up	odate their disclosure statements.						

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Saint 5



Instructions

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1. 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.

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Section 1.	ldentifying Infor	mation		
1. Given Name (Fi Pascale	rst Name)	2. Surname (Last Name) Carayon		3. Effective Date (07-August-2008) 03-January-2013
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Paul Shekelle	me
5. Manuscript Title The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ide	ntifying 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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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
Support for travel to meetings for the study or other purposes		✓		RAND	Travel to one meeting in January'2012 for the Technical Expert Panel that produced the data on the top patient safety strategies	×	
						AD	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Section 3.

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
3. Employment		✓		Professor at the University o f Wisconsin-Madison		×		
						ADD		
5. Grants/grants pending			✓	AHRQ, ONC	These grants are not related to the work in this paper.	×		
						ADD		
9. Royalties		✓		Taylor & Francis	royalties for my Handbook of Human Factors and Ergonomics in Health Care and patient Safety	×		
						ADD		

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):

^{*} This means money that your institution received for your efforts.

^{**} 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.

Show All Table Rows

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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Kathryn	irst Name)	2. Surname (Last Name) McDonald		3. Effective Date (07-August-2008) 04-January-2013
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Na Paul Shekelle	nme
5. Manuscript Titl The Top Patient		t Can Be Encouraged for Ac	doption Now	
6. Manuscript lde 12-2931	ntifying 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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The Work Under Consideration (for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	Agency for Healthcare Research and Quality	Contract to RAND, with Stanford as a subcontractor	×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
5. Payment for writing or reviewing the manuscript	✓					×
						ADD



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
Provision of writing assistance, medicines, equipment, or administrative support	√					×		
						ADD		
7. Other	✓					×		
						ADD		

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	\checkmark					×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance		•		ravel related to that consult	tancy on this line	

Section 4. Other relationships

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Hide All Table Rows Checked 'No'

SAVE

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Instituctions

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Identifying information.

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

The work under consideration for publication.

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

Relevant financial activities outside the submitted work.

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sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by only list the pharmaceutical company. agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that

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appearance of potentially influencing, what you wrote in the submitted work. Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the



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4. Are you the corresponding author? Ves. No 5. Manuscript Title Top: Return Struktagias That lank & Econogial for Adoption Yaw 6. Manuscript Identifying Number (if you know it) M12-293



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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.

Relevant financial activities outside the submitted work	
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Board membership	
2. Consultancy	1 X 2 3 5
3. Employment	
4. Expert testimony	
5. Grants/grants pending	
6. Payment for lectures including service on speakers bureaus	
7. Payment for manuscript S	74 1.75 7.15 7.15 7.15 7.15 7.15 7.15 7.15

^{*}This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work Type of Relationship (in No Paid to Your Entity Comm	2
8. Patents (planned, pending or	4141
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9. Royalties	
10. Payment for development of	
educational presentations	
11. Stock/stock options	
12. Travel/accommodations/	
activities listed**	
13. Other (err on the side of full X	

Section 4 ्रभाव नवस्थान्य

potentially influencing, what you wrote in the submitted work? Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of

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

Yes, the following 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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^{*}This means money that your institution received for your efforts.

**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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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.

1. 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.

2. The work under consideration for publication.

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4. Other relationships.

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 (Fi Gery	irst Name)	2. Surname (Last Name) Ryan		3. Effective Date (07-August-2008) 07-January-2013
4. Are you the co	responding author?	Yes 🗸 No	Corresponding Author's Na Paul Shekelle	nme
5. Manuscript Titl The Top Patient		t Can Be Encouraged for A	doption Now	
6. Manuscript Ide M12-2931	ntifying Number (if you	know it)		

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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.

The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	AHRQ		×
						ADD
2. Consulting fee or honorarium			\checkmark	AHRQ		×
						ADD
Support for travel to meetings for the study or other purposes			\checkmark	AHRQ		×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 			✓	AHRQ		×
						ADD
Payment for writing or reviewing the manuscript			\checkmark	AHRQ		×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
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* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

Section 4.	Other relationships
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	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Shojania	3. Effective Date (07-August-2008) 20-December-2012
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Medication Reco		spital-based Transitions as a Patient Safet	y Strategy: A Systematic Review
6. Manuscript Ider	ntifying Number (if you	know it)	

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
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Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Unde	r Consideration for Pu	ublication				
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Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	√					X
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3. Employment	✓					X
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	✓					X
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

Section 4.	Other relationships
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	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Angood		3. Effective Date (07-August-2008) 02-January-2013
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Paul Shekelle	nme
5. Manuscript Title "The Top Patient		at Can Be Encouraged for A	doption Now"	
6. Manuscript Ide	ntifying 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.

The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under	Consideration for Pu	blication				
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
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Section 3. Relevant financial activities outside the submitted work.

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1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
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Payment for manuscript preparation	✓					×

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^{**} Use this section to provide any needed explanation.



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						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

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Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	utionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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