

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Latoya	2. Surname (Last Name) Kuhn	3. Date 26-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Hollingsworth
5. Manuscript Title DETERMINING THE NON-INFECTIOUS COMPLICATIONS OF INDWELLING URETHRAL CATHETERS: A SYSTEMATIC REVIEW AND META-ANALYSIS		
6. Manuscript Identifying Number (if you know it) M13-0374		

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

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

Are there any relevant conflicts of interest?  Yes  No

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

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Ms. Kuhn has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Rogers	3. Date 20-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Hollingsworth
5. Manuscript Title DETERMINING THE NON-INFECTIOUS COMPLICATIONS OF INDWELLING URETHRAL CATHETERS: A SYSTEMATIC REVIEW AND META-ANALYSIS		
6. Manuscript Identifying Number (if you know it) M13-0374		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Rogers has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Hollingsworth

3. Date  
26-June-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
DETERMINING THE NON-INFECTIOUS COMPLICATIONS OF INDWELLING URETHRAL CATHETERS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agency for Healthcare Research & Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to JMH

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Dr. Hollingsworth reports grants from Agency for Healthcare Research & Quality, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Krein	3. Date 21-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Hollingsworth
5. Manuscript Title Determining the Non-Infectious Complications of Indwelling Urethral Catheters: A Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) M13-0374		

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

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Dr. Krein has nothing to disclose.

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1. Given Name (First Name) Andy	2. Surname (Last Name) Hickner	3. Date 20-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Hollingsworth
5. Manuscript Title DETERMINING THE NON-INFECTIOUS COMPLICATIONS OF INDWELLING URETHRAL CATHETERS: A SYSTEMATIC REVIEW AND META-ANALYSIS		
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Mr. Hickner has nothing to disclose.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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**Issued:** The patent has been issued by the agency

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

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Chang

3. Date  
21-June-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
John Hollingsworth

5. Manuscript Title  
DETERMINING THE NON-INFECTIOUS COMPLICATIONS OF INDWELLING URETHRAL CATHETERS: A SYSTEMATIC REVIEW AND META-ANALYSIS

6. Manuscript Identifying Number (if you know it)  
M13-0374

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

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

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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 publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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

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### Section 6. Disclosure Statement

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

Dr. Chang has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

#### 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.

#### 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sanjay      2. Surname (Last Name) Saint      3. Effective Date (07-August-2008) 28-June-2013

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
John Hollingsworth

5. Manuscript Title  
"DETERMINING THE NON-INFECTIOUS COMPLICATIONS OF INDWELLING URETHRAL CATHETERS: A SYSTEMATIC REVIEW AND META-ANALYSIS"

6. Manuscript Identifying Number (if you know it)  
M13-0374

### 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

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

## ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

\* 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.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ann Arbor VAMC; University of Michigan		X
						ADD
4. Expert testimony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Legal cases focusing on medical malpractice		X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIH; VA; AHRQ; Blue Cross Blue Shield of Michigan Foundation		X
						ADD

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Honoraria for talks at academic meetings, group-purchasing organizations (eg. VHA, Premier), state hospital associations (eg. Michigan Health and Hospital Association), visiting professorships, non-profit foundations (eg. IHI); no speakers bureau work	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 speaker bureaus.	×
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
9. Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lippincott Williams and Wilkins; McGraw-Hill; Wiley-Blackwell - all for books I have authored or edited		×
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
11. Stock/stock options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doximity, Jvion	I am on the medical advisory board of Doximity, a new social networking site for physicians, and on the scientific advisory board of Jvion, a healthcare technology company.	×
						ADD



## ICMJE Form for Disclosure of Potential Conflicts of Interest

12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						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?

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Hide All Table Rows Checked 'No'

SAVE

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alexander	2. Surname (Last Name) Cheng	3. Date 22-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Hollingsworth
5. Manuscript Title DETERMINING THE NON-INFECTIOUS COMPLICATIONS OF INDWELLING URETHRAL CATHETERS: A SYSTEMATIC REVIEW AND META-ANALYSIS		
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