

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)
Deborah

2. Surname (Last Name)
Yokoe

3. Date
25-July-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Public Reporting of Healthcare-Associated Infection Surveillance Data: Recommendations from HICPAC

6. Manuscript Identifying Number (if you know it)

M13-1120

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?

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☒ No

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Dr. Yokoe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Neil	2. Surname (Last Name) Fishman	3. Date 06-August-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Thomas R. Talbot
5. Manuscript Title Public Reporting of Healthcare-Associated Surveillance Data: Recommendations from HICPAC		
6. Manuscript Identifying Number (if you know it) M13-1120		

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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
Department of Health and Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am Chair of the Healthcare Infection Control Practices Advisory Committee and receive reimbursement for meeting costs

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Dr. Fishman reports other from Department of Health and Human Services, 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)
Susan

2. Surname (Last Name)
Huang

3. Date
24-July-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Thomas Talbot

5. Manuscript Title
Using Healthcare-Associated Infection Surveillance Data for Public Reporting

6. Manuscript Identifying Number (if you know it)
M13-1120

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Section 1. Identifying Information

1. Given Name (First Name)
Ruth

2. Surname (Last Name)
Carrico

3. Date
24-July-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tom Talbot

5. Manuscript Title
Public Reporting of Healthcare-Associated Infection Surveillance Data: Recommendations from HICPAC

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Dale	2. Surname (Last Name) Bratzler	3. Date 24-July-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title Using Healthcare-Associated Infection Surveillance Data for Public Reporting		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medline Industries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds paid to institution for peer-review services on Medline's Prevention Above All grant program.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Bratzler reports personal fees from Medline Industries, from null, 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.

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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)

Mary

2. Surname (Last Name)

Hayden

3. Date

24-July-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Thomas Talbot

5. Manuscript Title

Using Healthcare-Associated Infection Surveillance Data for Public Reporting

6. Manuscript Identifying Number (if you know it)

MS13-1120

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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☒ No

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Dr. Hayden has nothing to disclose.

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1. Identifying information.

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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".

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Diekema

3. Date
24-July-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Thomas Talbot

5. Manuscript Title
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Talbot

3. Date
24-July-2013

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Public Reporting of Healthcare-Associated Infection Surveillance Data: Recommendations from HICPAC

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Joint Commission Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Institute for Healthcare Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Faculty for Educational Module

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Dr. Talbot reports other from Joint Commission Resources, other from Institute for Healthcare Improvement, outside the submitted work; .

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