

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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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) Penelope	2. Surname (Last Name) Pekow	3. Date 27-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Rothberg
5. Manuscript Title Variation in Diagnostic Coding of Patients With Pneumonia and Its Association With Hospital Risk-Standardized Mortality Rates		
6. Manuscript Identifying Number (if you know it) M13-1419		

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

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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. Pekow has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Michael

2. Surname (Last Name) Rothberg

3. Date 27-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Variation in Diagnostic Coding of Patients With Pneumonia and Its Association With Hospital Risk-Standardized Mortality Rates

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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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Dr. Rothberg reports grants from AHRQ, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Lindenauer

3. Date
09-January-2014

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

5. Manuscript Title
Variation in Diagnostic Coding of Patients with Pneumonia and its Association with Hospital Risk-Standardized Mortality Rates

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1. Given Name (First Name)

Aruna

2. Surname (Last Name)

Priya

3. Date

10-January-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Michael Rothberg

5. Manuscript Title

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