

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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Other: Anything not covered under the previous three boxes

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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) Paula	2. Surname (Last Name) Chu	3. Date 30-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Garabedian
5. Manuscript Title The Invalidity of the Most Common Instrumental Variable Analyses in Comparative Effectiveness Research		
6. Manuscript Identifying Number (if you know it) M13-1887		

Section 2. The Work Under Consideration for Publication

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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

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 1. Identifying Information

1. Given Name (First Name)
Sengwee

2. Surname (Last Name)
Toh

3. Date
30-April-2014

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

5. Manuscript Title
Potential Bias of Instrumental Variable Analyses for Observational Comparative Effectiveness Research

6. Manuscript Identifying Number (if you know it)
M13-1887

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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 and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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1. Given Name (First Name) Alan	2. Surname (Last Name) Zaslavsky	3. Date 30-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Garabedian
5. Manuscript Title The Invalidity of the Most Common Instrumental Variable Analyses in Comparative Effectiveness Research		
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Dr. Zaslavsky 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) Stephen	2. Surname (Last Name) Soumerai	3. Date 02-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Garabedian
5. Manuscript Title Potential Bias of Instrumental Variables in Comparative Effectiveness Research		
6. Manuscript Identifying Number (if you know it)		

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Dr. Soumerai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
Garabedian

3. Date
05-May-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Potential Bias in Instrumental Variable Analyses for Observational Comparative Effectiveness Research

6. Manuscript Identifying Number (if you know it)
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This work was supported as a subcontract from Brigham and Women's Hospital DEcIDE Methods Center under Contract No. 290-05-00161 from the Agency for Healthcare Research and Quality (AHRQ), US Department of Health and Human Services (HHS) as a part of the Developing Evidence to Inform Decisions about Effectiveness (DEcIDE) program.

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