

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.

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Section 1. Identifying Information

1. Given Name (First Name) Margaret	2. Surname (Last Name) Puelle	3. Date 05-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sharon K. Inouye, MD, MPH
5. Manuscript Title The CAM-S, A new rating scale for delirium severity: Convergent and predictive validity		
6. Manuscript Identifying Number (if you know it) M13-1927		

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Dr. Puelle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Douglas
2. Surname (Last Name)
Tommet
3. Date
06-February-2014
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
5. Manuscript Title
The CAM-S, A new rating scale for delirium severity: Convergent and predictive validity
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jane	2. Surname (Last Name) Saczynski	3. Date 07-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sharon Inouye
5. Manuscript Title The CAM-S, A new rating scale for delirium severity: Convergent and predictive validity		
6. Manuscript Identifying Number (if you know it) M13-1927		

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Section 1. Identifying Information

1. Given Name (First Name)
Eva M

2. Surname (Last Name)
Schmitt

3. Date
06-February-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sharon Inouye

5. Manuscript Title
The CAM-S, A new rating scale for delirium severity: Convergent and predictive validity

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Edward	2. Surname (Last Name) Marcantonio	3. Date 05-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Sharon K. Inouye
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1. Given Name (First Name)
Sharon K.

2. Surname (Last Name)
Inouye

3. Date
06-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
The CAM-S, A new rating scale for delirium severity: association with clinical outcomes

6. Manuscript Identifying Number (if you know it)
M13-1927

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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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Dr. Inouye has nothing to disclose.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

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1. Given Name (First Name) Cyrus	2. Surname (Last Name) Kosar	3. Date 05-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sharon K. Inouye
5. Manuscript Title The CAM-S, A new rating scale for delirium severity: Convergent and predictive validity		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) Jones	3. Date 05-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sharon K. Inouye
5. Manuscript Title The CAM-S, A new rating scale for delirium severity: Convergent and predictive validity		
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