

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Williams

3. Date
01-May-2014

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

5. Manuscript Title
Effects of Nurse-Managed Protocols in the Outpatient Management of Adults with Chronic Conditions

6. Manuscript Identifying Number (if you know it)
M13-2567

Section 2. The Work Under Consideration for Publication

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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
VA Health Services Research & Development	<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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Williams reports grants from VA Health Services Research & Development, 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) Avishek	2. Surname (Last Name) Nagi	3. Date 02-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Shaw
5. Manuscript Title Effects of Nurse-Managed Protocols in the Outpatient Management of Adults with Chronic Condition		
6. Manuscript Identifying Number (if you know it) M13-2567		

Section 2. The Work Under Consideration for Publication

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A Nagi 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)
Cristina

2. Surname (Last Name)
Hendrix

3. Date
07-May-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ryan Shaw, PhD, RN

5. Manuscript Title
Effects of nurse-managed protocols in the outpatient management of adults with chronic conditions

6. Manuscript Identifying Number (if you know it)
M13-2567

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alison	2. Surname (Last Name) Edie	3. Date 08-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Shaw
5. Manuscript Title Effects of Nurse-Managed Protocols in the Outpatient Management of Adults with Chronic Conditions		
6. Manuscript Identifying Number (if you know it) M13-2567		

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Dr. Edie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

jennifer

2. Surname (Last Name)

mcduffie

3. Date

16-May-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ryan Shaw

5. Manuscript Title

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Dr. mcduffie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Shaw

3. Date
01-May-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effects of Nurse-Managed Protocols in the Outpatient Management of Adults with Chronic Conditions

6. Manuscript Identifying Number (if you know it)
M13-2567

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

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 Veterans Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This was a VA commissioned project

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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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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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Linda	2. Surname (Last Name) Lindsey Davis	3. Date 02-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Shaw
5. Manuscript Title "Effects of Nurse-Managed Protocols in the Outpatient Management of Adults with Chronic Conditions"		
6. Manuscript Identifying Number (if you know it) M13-2567		

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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

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Dr. Lindsey Davis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrzej	2. Surname (Last Name) Kosinski	3. Date 19-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan J. Shaw
5. Manuscript Title Effects of nurse-managed protocols in the outpatient management of adults with chronic conditions		
6. Manuscript Identifying Number (if you know it) _____		

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