

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Baron

3. Date
17-March-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christine Sinsky

5. Manuscript Title
Technology and Policy: Principles for Higher Value Primary Care

6. Manuscript Identifying Number (if you know it)
M13-2589

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Beasley	3. Date 22-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sinsky, Christine
5. Manuscript Title "Technology and Policy: Principles for Higher Value Primary Care"		
6. Manuscript Identifying Number (if you know it) 		

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.)?

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1. Given Name (First Name)
Christine

2. Surname (Last Name)
Sinsky

3. Date
17-March-2014

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

5. Manuscript Title
Technology and Policy: Principles for Higher Value Primary Care

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Greg

2. Surname (Last Name)
Simmons

3. Date
07-April-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christine Sinsky, MD

5. Manuscript Title
EHR Design, Implementation and Policy: Principles for Higher Value Primary Care

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