

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Hebert

3. Date
24-September-2014

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

5. Manuscript Title
Impact of Risk Factors and Modeling Approach on Hospital-Profiling for Stroke Readmission

6. Manuscript Identifying Number (if you know it)
M14-0361

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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 HSR&D	<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. Hebert reports grants from VA HSR&D, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Salomeh

2. Surname (Last Name)
Keyhani

3. Date
09-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effect of Clinical and Social Risk Factors on Hospital- Profiling for
Stroke Readmission

6. Manuscript Identifying Number (if you know it)
M14-0361

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Dr. Keyhani has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Cheng	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Impact of Risk Factors and Modeling Approach on Hospital-Profiling for Stroke Readmission		
6. Manuscript Identifying Number (if you know it) M14-0361		

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Dr. Cheng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) DAWN	2. Surname (Last Name) BRAVATA	3. Date 14-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Salomeh Keyhani
5. Manuscript Title Impact of Risk Factors and Modeling Approach on Hospital-Profiling for Stroke Readmission		
6. Manuscript Identifying Number (if you know it) M14-0361		

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Dr. BRAVATA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Myers	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Salomeh Keyhani
5. Manuscript Title Impact of Risk Factors and Modeling Approach on Hospital-Profiling for Stroke Readmission		
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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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Section 1. Identifying Information

1. Given Name (First Name)
Linda

2. Surname (Last Name)
Williams

3. Date
24-September-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Salomeh Keyhani

5. Manuscript Title
Impact of Risk Factors and Modeling Approach on Hospital-profiling for Stroke Readmission

6. Manuscript Identifying Number (if you know it)
M14-0361

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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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