

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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.

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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

Pending: The patent has been filed but not issued

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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)
Randy

2. Surname (Last Name)
Sweis

3. Date
24-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Vineet Chopra

5. Manuscript Title

DO PROVIDERS KNOW WHICH OF THEIR PATIENTS HAVE CENTRAL VENOUS CATHETERS? A MULTI-CENTER OBSERVATIONAL STUDY

6. Manuscript Identifying Number (if you know it)

M14-0703

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

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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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Dr. Sweis 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)

Natalie

2. Surname (Last Name)

Melin

3. Date

24-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Vineet Chopra

5. Manuscript Title

DO PROVIDERS KNOW WHICH OF THEIR PATIENTS HAVE CENTRAL VENOUS CATHETERS? A MULTI-CENTER OBSERVATIONAL STUDY

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Section 1. Identifying Information

1. Given Name (First Name)
Sanjay

2. Surname (Last Name)
Saint

3. Date
25-July-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Vineet Chopra

5. Manuscript Title
DO PROVIDERS KNOW WHICH OF THEIR PATIENTS HAVE CENTRAL VENOUS CATHETERS? A MULTI-CENTER OBSERVATIONAL STUDY

6. Manuscript Identifying Number (if you know it)
M14-0703

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ann Arbor VAMC; University of Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment
Legal cases focusing on medical malpractice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expert Testimony
NIH; VA; AHRQ; Blue Cross Blue Shield of Michigan Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money paid to my institution

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Honoraria for talks at academic meetings, group-purchasing organizations (eg. VHA, Premier), state hospital associations (eg. Michigan Health and Hospital Association), visiting professorships, non-profit foundations (eg. IHI); no speakers bureau work or talks for industry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received numerous honoraria and speaking fees for lectures on hospital-acquired infection prevention, implementation science, and patient safety from hospitals, academic medical centers, professional societies, and non-profit foundations. None of these activities are related to speaker bureaus or for-profit companies.
Lippincott Williams and Wilkins; McGraw-Hill; Wiley-Blackwell - all for books I have authored or edited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Doximity and Jvion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	am on the medical advisory board of Doximity, a new social networking site for physicians, and the scientific advisory board of Jvion, a healthcare information technology company.

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Saint reports other from Ann Arbor VAMC; University of Michigan, personal fees from Legal cases focusing on medical malpractice, grants from NIH; VA; AHRQ; Blue Cross Blue Shield of Michigan Foundation, personal fees from Honoraria for talks at academic meetings, group-purchasing organizations (eg. VHA, Premier), state hospital associations (eg. Michigan Health and Hospital Association), visiting professorships, non-profit foundations (eg. IHI); no speakers bureau work or talks for industry, personal fees from Lippincott Williams and Wilkins; McGraw-Hill; Wiley-Blackwell - all for books I have authored or edited, personal fees from Doximity and Jvion, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Vineet

2. Surname (Last Name)
Chopra

3. Date
24-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Do Providers Know Which of Their Patients Have Central Venous Catheters? A Multi-Center Observational Study

6. Manuscript Identifying Number (if you know it)
M14-0703

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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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Intelligent Safety Intervention System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	Dr. Chopra is co-inventor of technology that tracks presence and duration of central venous catheters. This technology was developed in response to findings from this work. A provisional patent protecting this intellectual property has been submitted.

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Dr. Chopra reports grants from Agency for Healthcare Research and Quality, during the conduct of the study; In addition, Dr. Chopra has a patent Intelligent Safety Intervention System pending to None.

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Latoya

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Kuhn

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Corresponding Author's Name
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Dr. Kuhn 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)
Sushant

2. Surname (Last Name)
Govindan

3. Date
26-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Vineet Chopra

5. Manuscript Title
DO PROVIDERS KNOW WHICH OF THEIR PATIENTS HAVE CENTRAL VENOUS CATHETERS? A MULTI-CENTER OBSERVATIONAL STUDY

6. Manuscript Identifying Number (if you know it)
M14-0703

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Govindan has nothing to disclose.

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Dr. Barron has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rachel	2. Surname (Last Name) Thompson	3. Date 28-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vineet Chopra
5. Manuscript Title DO PROVIDERS KNOW WHICH OF THEIR PATIENTS HAVE CENTRAL VENOUS CATHETERS? A MULTI-CENTER OBSERVATIONAL STUDY		
6. Manuscript Identifying Number (if you know it) M14-0703		

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Ratz	3. Date 24-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vineet Chopra
5. Manuscript Title DO PROVIDERS KNOW WHICH OF THEIR PATIENTS HAVE CENTRAL VENOUS CATHETERS? A MULTI-CENTER OBSERVATIONAL STUDY		
6. Manuscript Identifying Number (if you know it) M14-0703		

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Mr. Ratz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Aaron

2. Surname (Last Name)

Tolan

3. Date

26-August-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"DO PROVIDERS KNOW WHICH OF THEIR PATIENTS HAVE CENTRAL VENOUS CATHETERS? A MULTI-CENTER OBSERVATIONAL STUDY"

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Dr. Tolan has nothing to disclose.

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