

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Rudin

3. Date
18-September-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Health Information Exchange: Evidence on Health Outcomes, Efficiency, Usage Sustainability, and Attitudes: A Systematic Review

6. Manuscript Identifying Number (if you know it)
M14-0877

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Section 1. Identifying Information

1. Given Name (First Name) Caroline	2. Surname (Last Name) Goldzweig	3. Date 18-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Rudin
5. Manuscript Title Health Information Exchange: Evidence on Health Outcomes, Efficiency, Usage Sustainability, and Attitudes: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M14-0877		

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Dr. Goldzweig has nothing to disclose.

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Paul

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Shekelle

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23-September-2014

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Corresponding Author's Name
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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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
UpToDate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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