

#### **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.

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### 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.

# Relationships not covered above.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Hlatky 1



Section 1. Identifying Infor	mation				
1. Given Name (First Name) Mark	2. Surname (Last Name) Hlatky	3. Date 15-May-2015			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Chistopher Woo			
5. Manuscript Title Cost-Effectiveness of Adding Cardiac Patients with Mild Heart Failure	Resynchronization Therapy	to an Implantable Cardioverter-Defibrillator among			
6. Manuscript Identifying Number (if you M14-1804	know it)				
Section 2. The Work Under	Consideration for Public	cation			
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,			
Are there any relevant conflicts of into	Are there any relevant conflicts of interest? Yes V				
Section 3. Relevant financia	al activities outside the s	ubmitted work.			
of compensation) with entities as des	cribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.			
Are there any relevant conflicts of into					
If yes, please fill out the appropriate ir					
Name of Entity	Grant? Personal Noi	n-Financial other? Comments			
Zoll LifeVest		Consulting about the cost- effectiveness of an external defibrillator			
Section 4. Intellectual Prop	erty Patents & Copyric	yhts			
Do you have any patents, whether pla	anned, pending or issued, br	oadly relevant to the work? Yes V No			

Hlatky 2



Section 5. Polationships not sovered above
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Section 6. Disclosure Statement
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Dr. Hlatky reports personal fees from Zoll LifeVest, outside the submitted work; .

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Hlatky 3



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Woo 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Christopher	rst Name)	2. Surname (Last Name Woo	)		3. Date 09-May-20	15
4. Are you the cor	responding author?	✓ Yes No				
Patients with Mil	ss of Adding Cardiac Re		by to an Implar	ntable Cardiov	verter-Defibril	lator among
Section 2.	The Work Under Co	onsideration for Pub	blication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	stitution <b>at any time</b> recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to grants, st? Yes No rmation below. If you h	data monitoring	g board, study o	design, manusc	ript preparation,
Name of Institut	ion/Company	Grant? Personal N	Ion-Financial Support?	Other? Co	omments	
National Institutes of	Health	<b>✓</b>				
	ı					
Section 3.	Relevant financial	activities outside th	e submitted	work.		
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in the second of the seco	bed in the instructions. Fort relationships that v	Use one line fo vere <b>present d</b>	or each entity;	; add as many	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	patents, whether planr	ned, pending or issued,	broadly releva	ant to the worl	k? Yes	✓ No

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Dr. Woo reports grants from National Institutes of Health, during the conduct of the study; .

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Royalties: Funds are coming in to you or your institution due to your

patent

Goldhaber-Fiebert 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Jeremy	2. Surname (Last Name) Goldhaber-Fiebert	3. Date 06-May-2015
4. Are you the corresponding author?	✓ Yes No	
<ul><li>5. Manuscript Title</li><li>Cost-Effectiveness of Adding Cardiac Repatients with Mild Heart Failure</li><li>6. Manuscript Identifying Number (if you known that the M14-1804)</li></ul>	esynchronization Therapy to an Implantable Cardiov now it)	erter-Defibrillator among
Section 2. The Work Under C	onsideration for Publication	
	vive payment or services from a third party (government, cong but not limited to grants, data monitoring board, study doest? Yes V No	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 r</b> est? Yes V	add as many lines as you need by
Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	?

Goldhaber-Fiebert 2



Section 5. Relationships not covered above
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Dr. Goldhaber-Fiebert has nothing to disclose.

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Goldhaber-Fiebert 3



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Schmiegelow 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Michelle	Surname (Last Name)     Schmiegelow	3. Date 06-May-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Christopher Y. Woo
5. Manuscript Title Cost-Effectiveness of Adding Cardiac R Patients with Mild Heart Failure	esynchronization Therapy	to an Implantable Cardioverter-Defibrillator among
6. Manuscript Identifying Number (if you k M14-1804	now it)	
Section 2. The Work Under C	onsideration for Public	ation
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Section 3. Relevant financial	activities outside the s	ubmitted work.
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Schmiegelow 2



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Strandberg 1



Section 1.	dentifying Informa	ation		
1. Given Name (First N Erika	Name)	2. Surname (Last Name) Strandberg		3. Date 07-May-2015
4. Are you the corresp	ponding author?	Yes ✓ No	Corresponding Author's Na Christopher Y. Woo	me
5. Manuscript Title Cost-Effectiveness of Patients with Mild H		synchronization Therapy	r to an Implantable Cardiove	erter-Defibrillator among
6. Manuscript Identify M14-1804	ying Number (if you kno	ow it)	_	
Cartiana				
Section 2.	he Work Under Co	nsideration for Publ	cation	
any aspect of the subr statistical analysis, etc	mitted work (including b	but not limited to grants, d	n a third party (government, co ata monitoring board, study de	emmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	elevant financial a	ctivities outside the	submitted work.	
Place a check in the of compensation) w clicking the "Add +"	appropriate boxes in vith entities as describ	the table to indicate wloed in the instructions. Upon the instructions. Upon that we	nether you have financial rel Ise one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Continue 4				
Section 4. In	itellectual Propert	y Patents & Copyri	ghts	
Do you have any pa	tents, whether plann	ed, pending or issued, b	roadly relevant to the work?	? ☐ Yes ✓ No

Strandberg 2



Section 5.	Deletional in a standard above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Dr. Strandberg h	as nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

**Licensed:** The patent has been licensed to an entity, whether

earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Owens 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Douglas	2. Surname (Last Name) Owens	3. Date 14-May-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Cost-Effectiveness of Adding Cardiac Re Patients with Mild Heart Failure 6. Manuscript Identifying Number (if you kr M14-1804		to an Implantable Cardioverter-Defibrillator among
Section 2. The Work Under Co	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Owens 2



Section 5. Relationships not covered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Owens has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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#### **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.

# 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.

# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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Pitt 1



Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Allison		2. Surname (Last Name) Pitt	3. Date 13-May-20	015	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Christopher Woo		
5. Manuscript Title Cost-Effectiveness of Adding Cardiac Resynchronization Therapy to an Implantable Cardioverter-Defibrillator among Patients with Mild Heart Failure					
6. Manuscript Identifying Number (if you know it) M14-1804					
Section 2. The Work Under Consideration for Publication					
Did you or your institution <b>at any time</b> 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					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

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Section 5. Relationships not covered above				
Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
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Section 6. Disclosure Statement				
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Ms. Pitt has nothing to disclose.				

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