

#### **Instructions**

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Michael	2. Surname (Last Name) O'Brien	3. Date 04-January-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Balloon Animals, Guitars, and Fewer B Adults	lood Draws: Applying Strategies	from Pediatrics to the Treatment of Hospitalized
6. Manuscript Identifying Number (if you M14-2219	know it)	
Section 2. The Week Under		
The Work Under	Consideration for Publicatio	n
•	• •	rd party (government, commercial, private foundation, etc.) for onitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inte		
If yes, please fill out the appropriate in Excess rows can be removed by pressi	·	ore than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Fina	Other• Comments
Robert Wood Johnson Foundation Clinical Scholars Program- Department of Veterans Affairs		Currently Receiving a Health Services Research Fellowship funded by both the Robert Wood Johnson Foundation and the Department of Veterans Affairs
Section 3. Relevant financia	l activities outside the subm	nitted work.
of compensation) with entities as desc	ribed in the instructions. Use one	r you have financial relationships (regardless of amount e line for each entity; add as many lines as you need by esent during the 36 months prior to publication.
Are there any relevant conflicts of inte	· _ · _ ·	social during the 50 months prior to publication.
If yes, please fill out the appropriate in		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Robert Wood Johnson Foundation Clinical Scholars Program- Department of Veterans Affairs	<b>V</b>			<b>✓</b>	Currently Receiving a Health Services Research Fellowship funded by both the Robert Wood Johnson Foundation and the Department of Veterans Affairs
Section 4. Intellectual Property					
Do you have any patents, whether plann	Ť			nt to the	work? Yes 🗸 No
Section 5. Relationships not o	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				influence	d, or that give the appearance of
Yes, the following relationships/cond					
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this forn below.		omatically	generate a disclos	sure state	ement, which will appear in the box
Dr. O'Brien reports funding from the Rok Department of Veterans Affairs, related				al Schola	rs Fellowship Program and the



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Krumbolz



# ICMJE Form for Disclosure of Potential Conflicts of Interest



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patent

Krumholz



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4. Are you the corresponding author? Yes No
Balloon Animals, Guitars, and Fewer Blood Draws
6. Manuscript Identifying Number (if you know it)
<u>and and a single of the state </u>
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 the property of th
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 Cara Relevant financial activities outside the submitted 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 No
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

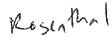
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Rosenthal

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No other relationships/conditions/circumstances that present a potential conflict of interest	
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will below.	rappear in the box
Dr. Rosenthal has πothing to disclose.	
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Dharmarajan 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Kumar	2. Surname (Last Name) Dharmarajan		3. Date 22-December-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
<ul><li>5. Manuscript Title</li><li>Balloon Animals, Guitars, and Fewer Blo</li><li>Adults</li><li>6. Manuscript Identifying Number (if you kn</li><li>M14-2219</li></ul>		egies from Pediatrics	to the Treatment of Hospitalized
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Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, do		ent, commercial, private foundation, etc.) for sudy design, manuscript preparation,
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Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instructions. Uport relationships that we est?   Yes   No	se one line for each e	ntity; add as many lines as you need by
Name of Entity	Grant? Personal No	n-Financial Other	Comments
National Institute on Aging and American Federation for Aging Research	<b>V</b>		Grant K23AG048331
Centers for Medicare & Medicaid Services			Payment to develop and maintain performance measures.
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plant	ned, pending or issued, b	roadly relevant to the	work? ☐ Yes ✓ No

Dharmarajan 2



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