

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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2. The work under consideration for publication.

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

Gerlach 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Ferdinand	rst Name)	2. Surname (Last Name) Gerlach		3. Date		
4. Are you the corresponding author?		Yes ✓	•	Corresponding Author's Name Freund, Tobias		
5. Manuscript Title Medical Assistant-Based Care Management for High Risk Patients in Small Primary Care Practices: A Cluster Randomized Clinical Trial						
6. Manuscript Ider M14-2403	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration f	or 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 If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.						
	be removed by pressing	g the "X" button.				
Name of Institut	ion/Company	Grant? Perso		Other? Co	omments	
		✓			earch grant from Education and Re	Ferderal Ministry search
Section 3.	Relevant financial	activities outs	ide the submitted	l 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 present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo						
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Section 4.	Intellectual Proper	ty Patents &	Copyrights			
Do you have any	patents, whether plan	ned, pending or	issued, broadly relev	ant to the work	k? Yes [√ No

Gerlach 2



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Dr. Gerlach reports grants from null, during the conduct of the study; .

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Boyd 1



Section 1. Identifying Inform					
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Given Name (First Name) Cynthia	2. Surname (Last Name) Boyd	3. Date 06-May-2015			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Freund			
5. Manuscript Title Medical Assistant-Based Care Managen Clinical Trial	nent for High Risk Patients	in Small Primary Care Practices: A Cluster Randomized			
6. Manuscript Identifying Number (if you kr	now it)				
		_			
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Boyd 2



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✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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I am a co-author	of a chapter for uptodate on multimorbidity.
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Boyd reports	that she is a co-author of a chapter for uptodate on multimorbidity, for which she receives a royalty.

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Gondan 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Matthias	2. Surname (Last Name) Gondan	3. Date 06-May-2015			
4. Are you the corresponding author?	u the corresponding author? Yes You Corresponding Author's Name Tobias Freund				
5. Manuscript Title Medical Assistant-Based Care Managem Clinical Trial	nent for High Risk Patients	in Small Primary Care Practices: A Cluster Randomized			
6. Manuscript Identifying Number (if you kr M14-2403	now it)				
Section 2. The Weak Under C					
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intellectual Flopei	ty - ratelits & copyrig				
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Gondan 2



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Erler 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Antje	rst Name)	2. Surname (Last Name) Erler	3. Date 08-June-2015		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Tobias Freund		
5. Manuscript Title Medical Assistar Clinical Trial		nent for High Risk Patients	in Small Primary Care Practices: A Cluster Randomized		
6. Manuscript Ide M14-2403	ntifying Number (if you kr	now it)			
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Continue 2					
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Erler 2



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1

administrative support, etc.



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1. Given Name (Fi Jochen	rst Name)	2. Surname (Last Name) Gensichen		3. Date 25-June-1964	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Freund		
5. Manuscript Title "Medical Assista Clinical Trial"		ment for High Risk Patients	s in Small Primary Care Pract	tices: A Cluster Randomized	
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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

Freund 1

patent



Cartian 1							
Section 1. Identifying In	Identifying Information						
Given Name (First Name) Tobias Tobias	2. Surname (Last Name) Freund		3. Date 30-May-2015				
4. Are you the corresponding author?	4. Are you the corresponding author? ✓ Yes No						
5. Manuscript Title Medical Assistant-Based Care Man Clinical Trial.	agement for High Risk Patients	in Small Primary Care	e Practices: A Cluster Randomized				
6. Manuscript Identifying Number (if y M14-2403	ou know it)						
Section 2. The Work Und	er Consideration for Public	ation					
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							
	e information below. If you have	e more than one ent	ity press the "ADD" button to add a row.				
Name of Institution/Company Grant Personal Fees Non-Financial Support Comments							
AOK Baden-Wuerttemberg	✓						
AOK Bundesverband	✓						
Section 3. Relevant finan	cial activities outside the s	ubmitted work.					
of compensation) with entities as o	described in the instructions. Us	e one line for each e	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.				
Are there any relevant conflicts of interest?							
If yes, please fill out the appropriate information below.							
Name of Entity	Grant	-Financial other?	Comments				
German Family Physician Association			For training of medical assistants				

Freund 2



Section 4. Intellectua	al Property Patent	s & Copyrights			
Do you have any patents, who If yes, please fill out the appro Excess rows can be removed I	priate information belo	w. If you have more tha		Yes No s the "ADD" button to	add a row.
Patent?	Pending? Issued?	Licensed Royalties?	Licensee?	Comments	
PraCMan Cockpit (Software)					
Section 5. Relations	h:				
Relations	hips not covered abo				_
Are there other relationships potentially influencing, what		•	influenced, or the	at give the appearance	e of
Yes, the following relation	ships/conditions/circun	nstances are present (ex	xplain below):		
✓ No other relationships/co	nditions/circumstances	that present a potential	conflict of interes	st	
At the time of manuscript acc On occasion, journals may ask					statements.
Section 6. Disclosure	Statement				
Based on the above disclosure below.	es, this form will automa	atically generate a disclo	osure statement, v	vhich will appear in th	e box
Dr. Freund reports grants froi study; personal fees from Ger patent PraCMan Cockpit (Sof	man Family Physician A	association, outside the			

Evaluation and Feedback

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Freund 3



Instructions

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

patent

1 Beyer



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Martin	2. Surname (Last Name) Beyer		3. Date 03-June-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nam	ne
 5. Manuscript Title Medical Assistant-Based Care Management for I 6. Manuscript Identifying Number (if you kn) M14-2403 		Primary Care Practices	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
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 interes	ibed in the instructions. Us port relationships that wer	se one line for each entity; ac	dd as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyric	ıhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No

Beyer 2



Section 5.	Deletion shine wat account above
	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the followi	ing relationships/conditions/circumstances are present (explain below):
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements hals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abov below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Beyer has noth	ning to disclose.

Evaluation and Feedback

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Beyer 3



Instructions

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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

Peters-Klimm 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Frank	2. Surname (Last Name) Peters-Klimm		3. Date 24-June-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Medical Assistant-Based Care Managem Clinical Trial.	ent for High Risk Patients	in Small Primary Care	Practices: A Cluster Randomized
6. Manuscript Identifying Number (if you kn M14-2403	ow it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info	but not limited to grants, da	ata monitoring board, st	udy design, manuscript preparation,
Excess rows can be removed by pressing	g the "X" button.		
Name of Institution/Company	Grant•	n-Financial other?	Comments
AOK Baden-Wuerttemberg	✓		
AOK Bundesverband	✓		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descriclicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each er	ntity; add as many lines as you need by
Are there any relevant conflicts of intere	est? Yes ✓ No		
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts	
Do you have any patents, whether plans If yes, please fill out the appropriate info	ormation below. If you have		

Peters-Klimm 2



Patent <mark>?</mark>	Pending?	Issued <mark>?</mark> Lice	ensed?	Royalties?	Licensee?	Comments
PraCMan Cockpit (Software)				✓		
Section 5. Relationship	ns not cove	red above				
Are there other relationships or potentially influencing, what you				ive to have	influenced, or tha	at give the appearance of
Yes, the following relationsh	ips/conditior	ns/circumsta	nces are	present (ex	plain below):	
✓ No other relationships/cond	itions/circum	stances that	t present	a potential	conflict of interes	t
At the time of manuscript accep On occasion, journals may ask at						
Section 6. Disclosure S	tatement					
Based on the above disclosures, below.	this form wil	l automatica	ally gener	ate a disclo	sure statement, w	which will appear in the box

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Peters-Klimm 3



Instructions

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Mahler 1



Section 1. Identifying Inform	ation		
Given Name (First Name) Cornelia	2. Surname (Last Name) Mahler		3. Date 18-June-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Medical Assistant-Based Care Managem Clinical Trial.	ent for High Risk Patients	in Small Primary Care	Practices: A Cluster Randomized
6. Manuscript Identifying Number (if you kn M14-2403	ow it)	_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info	but not limited to grants, da	ta monitoring board, st	udy design, manuscript preparation,
Excess rows can be removed by pressing	the "X" button.		
Name of Institution/Company	Grant	n-Financial other?	Comments
AOK Baden-Wuerttemberg	✓		
AOK Bundesverband	✓		
Section 3. Relevant financial a	activities outside the s	submitted work.	
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Are there any relevant conflicts of intere	st? Yes No		
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts	
Do you have any patents, whether plans If yes, please fill out the appropriate info	rmation below. If you hav		

Mahler 2



Patent?	Pending?	Issued?	Licensed ?	Royalties?	Licensee?	Comments	
PraCMan Cockpit (Software)				✓			
Section 5. Relationsh	ips not cov	ered abo	ove				
Are there other relationships or potentially influencing, what yo			•	eive to have	influenced, or tha	at give the appearance of	
Yes, the following relations	hips/conditio	ns/circun	nstances are	e present (ex	plain below):		
✓ No other relationships/cond	ditions/circur	nstances	that presen	t a potential	conflict of interes	st	
At the time of manuscript acce On occasion, journals may ask a							nents.
Section 6. Disclosure	Statement						
Based on the above disclosures below.	s, this form w	ill automa	atically gene	erate a disclo	sure statement, v	which will appear in the box	
Dr. Mahler reports grants from study; In addition, Dr. Mahler I						during the conduct of the	

Evaluation and Feedback

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Mahler 3



Instructions

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Rochon 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Rochon	3. Date 18-June-2015				
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Tobias Freund				
5. Manuscript Title Medical Assistant-Based Care Management for High Risk Patients in Small Primary Care Practices: A Cluster Randomized Clinical Trial.							
6. Manuscript Ider M14-2403	ntifying Number (if you kr	now it)					
<i>c</i> .:							
Section 2.	The Work Under C	onsideration for Public	tation				
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 re-	evant conflicts of intere	est?					
Section 3.							
	Relevant financial	activities outside the s	ubmitted work.				
of compensation) with entities as descri	ibed 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 re present during the 36 months prior to publication.				
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts				
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No				

Rochon 2



Section 5. Relationships not sovered 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):
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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.
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Rochon has nothing to disclose.

Evaluation and Feedback

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Rochon 3



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

Szecsenyi 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Joachim	2. Surname (Last Name) Szecsenyi		3. Date 18-November-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Medical Assistant-Based Care Managem Clinical Trial	ent for High Risk Patients	in Small Primary Care	Practices: A Cluster Randomized
6. Manuscript Identifying Number (if you kn M14-2403	ow it)	_	
Continue 2			
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info	but not limited to grants, danst? Yes No	ta monitoring board, st	udy design, manuscript preparation,
Excess rows can be removed by pressing			
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Patent [?]	Pending?	Issued?	Licensed ?	Royalties?	Licensee?	Comments	
Software PraCMan Cockpit				√			
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