

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ferdinand

2. Surname (Last Name)
Gerlach

3. Date

4. Are you the corresponding author? Yes No
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 Identifying Number (if you know it)
M14-2403

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

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant from Ferederal Ministry for Education and Research

Section 3. 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cynthia	2. Surname (Last Name) Boyd	3. Date 06-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name 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 Identifying Number (if you know it)		

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I am a co-author of a chapter for uptodate on multimorbidity.

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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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Section 1. Identifying Information

1. Given Name (First Name) Matthias	2. Surname (Last Name) Gondan	3. Date 06-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Identifying Number (if you know it) M14-2403		

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Dr. Gondan has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Antje	2. Surname (Last Name) Eler	3. Date 08-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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1. Given Name (First Name)

Jochen

2. Surname (Last Name)

Gensichen

3. Date

25-June-1964

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Freund

5. Manuscript Title

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tobias

2. Surname (Last Name)
Freund

3. Date
30-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Medical Assistant-Based Care Management for High Risk Patients in Small Primary Care Practices: A Cluster Randomized Clinical Trial.

6. Manuscript Identifying Number (if you know it)
M14-2403

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

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
AOK Baden-Wuerttemberg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AOK Bundesverband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
German Family Physician Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For training of medical assistants

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
PraCMan Cockpit (Software)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Section 5. 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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Dr. Freund reports grants from AOK Baden-Wuerttemberg, grants from AOK Bundesverband, during the conduct of the study; personal fees from German Family Physician Association, outside the submitted work; In addition, Dr. Freund has a patent PraCMan Cockpit (Software) with royalties paid.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Beyer	3. Date 03-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Medical Assistant-Based Care Management for High Risk Patients in Small Primary Care Practices	_____	
6. Manuscript Identifying Number (if you know it) M14-2403	_____	

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Beyer 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)
Frank

2. Surname (Last Name)
Peters-Klimm

3. Date
24-June-2015

4. Are you the corresponding 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 Identifying Number (if you know it)
M14-2403

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AOK Bundesverband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cornelia

2. Surname (Last Name)
Mahler

3. Date
18-June-2015

4. Are you the corresponding 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 Identifying Number (if you know it)
M14-2403

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Justine

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Rochon

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18-June-2015

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Yes No

Corresponding Author's Name
Tobias Freund

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Dr. Rochon has nothing to disclose.

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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.

5. Relationships not covered above.

Use this section to report 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.

Definitions.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joachim

2. Surname (Last Name) Szecsényi

3. Date 18-November-2015

4. Are you the corresponding 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 Identifying Number (if you know it) M14-2403

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

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
AOK Bundesverband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AOK Baden-Wuerttemberg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

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

Section 5. 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. Szecsenyi reports grants from AOK Bundesverband, grants from AOK Baden-Wuerttemberg, during the conduct of the study; In addition, Dr. Szecsenyi has a patent Software PraCMan Cockpit with royalties paid.

Evaluation and Feedback

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