

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. 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.

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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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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) Paul 2. Surname (Last Name) Shekelle 3. Date 20-November-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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
ECRI Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Guidelines Clearinghouse

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
UpToDate	<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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Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Hopkins

3. Date
20-November-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qaseem

5. Manuscript Title
Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)
M14-2427

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. Hopkins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Weinberg	3. Date 20-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Choudhry
5. Manuscript Title ...Generic medicine		
6. Manuscript Identifying Number (if you know it) M14-2427		

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

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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. Weinberg has nothing to disclose.

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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) Michael	2. Surname (Last Name) Barry	3. Date 12-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Informed Medical Decisions Foundation/ Healthwise	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am president of the Informed Medical Decisions Foundation, a division of Healthwise, Inc. Healthwise is a nonprofit organization that develops and licenses patient education and decision support materials. I am an employee and Chief Science Officer at Healthwise. Prior to December 31, 2013, the Foundation had a research and royalty agreement with Health Dialog, with which it coproduced patient decision aids. Both the Foundation and Healthwise have provided grants to Massachusetts General Hospital to support my non-product-related research.
Massachusetts General Hospital/Harvard Medical School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am employed as a primary care physician at Massachusetts General Hospital. I am a Professor of Medicine, Part-time, at Harvard Medical School

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. Barry reports grants, personal fees and non-financial support from Informed Medical Decisions Foundation/Healthwise, personal fees and non-financial support from Massachusetts General Hospital/Harvard Medical School, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Roger	2. Surname (Last Name) Chou	3. Date 18-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nitesh Choudhry
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications		
6. Manuscript Identifying Number (if you know it) M14-2427		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Chou has nothing to disclose.

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

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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) Molly	2. Surname (Last Name) Cooke	3. Date 09-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications	_____	
6. Manuscript Identifying Number (if you know it)	_____	

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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Cooke has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) apostolos 2. Surname (Last Name) dallas 3. Date 16-April-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
qaseem, amir

5. Manuscript Title
Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)

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

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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
ortho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
sanofi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
glaxo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock

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

Section 5. Relationships not covered above

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Dr. dallas reports other from ortho, other from sanofi, other from merck, other from pfizer, other from glaxo, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) nick	2. Surname (Last Name) fitterman	3. Date 15-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications		
6. Manuscript Identifying Number (if you know it)		

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.)?

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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. fitterman 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)
Mary Ann

2. Surname (Last Name)
Forcica

3. Date
09-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Forcica 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) Russell	2. Surname (Last Name) Harris	3. Date 08-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

linda

2. Surname (Last Name)

humphrey

3. Date

08-April-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. humphrey has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Devan

2. Surname (Last Name)
Kansagara

3. Date
08-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title
Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kansagara 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) Robert	2. Surname (Last Name) McLean	3. Date 10-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Sawaya
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications		
6. Manuscript Identifying Number (if you know it) uncertain		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tanveer

2. Surname (Last Name)

Mir

3. Date

03-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Amir Qaseem MD,PhD

5. Manuscript Title

Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Holger

2. Surname (Last Name)
Schunemann

3. Date
08-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

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I have played a critical role in the World Health Organization cervical cancer screening and treatment guidelines for low and middle income countries.

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Dr. Schunemann reports and I have played a critical role in the World Health Organization cervical cancer screening and treatment guidelines for low and middle income countries..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Donna	2. Surname (Last Name) Sweet	3. Date 19-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title "Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications"		
6. Manuscript Identifying Number (if you know it)		

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Dr. Sweet 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)
Timothy

2. Surname (Last Name)
Wilt

3. Date
09-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qaseem

5. Manuscript Title
CImproved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)

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

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Niteesh

2. Surname (Last Name)
Choudhry

3. Date
15-September-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications

6. Manuscript Identifying Number (if you know it)
M14-2427

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

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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
CVS Caremark	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted research grant payable to my institution to study medication adherence
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted research grant payable to my institution to study medication adherence
Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted research grant payable to my institution to study medication adherence
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted research grant payable to my institution to study medication adherence

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
PhRMA Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted research grant payable to my institution to study medication adherence
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted research grant payable to my institution to study medication adherence

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. Choudhry reports grants from CVS Caremark, grants from Sanofi, grants from Astra Zeneca, grants from Merck, grants from PhRMA Foundation, grants from NHLBI, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amir	2. Surname (Last Name) Qaseem	3. Date 17-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications		
6. Manuscript Identifying Number (if you know it) M14-2427		

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Denberg	3. Date 12-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Niteesh Choudhry
5. Manuscript Title Improved adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications		
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Dr. Denberg has nothing to disclose.

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