

#### **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

Yancy 1



Section 1.						
Section 1.	Identifying Inform	ation				
1. Given Name (Fir William	rst Name)	2. Surnar Yancy	me (Last Name)	)		3. Date 11-September-2015
4. Are you the cor	responding author?	Yes	<b>✓</b> No	Correspond Kelli Allen	ding Author	's Name
5. Manuscript Title A Combined Pati		ention for	Managing O	steoarthritis in	Veterans:	Randomized Clinical Trial
6. Manuscript Ider M15-0378	ntifying Number (if you kn	ow it)				
Section 2.						
Section 2.	The Work Under Co	onsidera <sup>1</sup>	tion for Pub	olication		
any aspect of the s statistical analysis,	ubmitted work (including	but not lim	nited to grants,	data monitoring		nt, commercial, private foundation, etc.) for dy design, manuscript preparation,
	out the appropriate info		•	nave more than	one entity	y press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant?	Personal N	Ion-Financial Support?	Other?	Comments
Department of Vetera	nns Affairs	<b>V</b>				
			_			
Section 3.	Relevant financial	activities	outside th	e submitted	work.	
of compensation	) with entities as descri	bed in the	instructions.	Use one line fo	or each ent	al relationships (regardless of amount ity; add as many lines as you need by <b>36 months prior to publication</b> .
•	evant conflicts of intere			)		
If yes, please fill o	out the appropriate info	rmation b	elow.			
Name of Entity		Grant?	Personal N	Ion-Financial Support?	Other?	Comments
Nutrisystem, Inc.			<b>√</b>			Consulting
Jniversity of Pennsylv	vania/Weight Watchers		<b>✓</b>			Consulting

Yancy 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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
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Dr. Yancy reports grants from Department of Veterans Affairs, during the conduct of the study; personal fees from Nutrisystem, Inc., personal fees from University of Pennsylvania/Weight Watchers International, outside the submitted work; .

#### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Yancy 3



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1

McDuffie McDuffie



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jennifer	rst Name)	Surname (Last Name)     McDuffie	3. Date 23-October-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Kelli Allen, PhD
5. Manuscript Title A Combined Pat		vention for Managing Oste	eoarthritis in Veterans: A Randomized Controlled Trial
6. Manuscript Ide unknown	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	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 clicking the "Add	n) with entities as descri	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 Prope	rty Patents & Copyrig	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

McDuffie 2



Section 5. Polationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. McDuffie has nothing to disclose.

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

Jeffreys 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Amy	2. Surname (Last Name) Jeffreys		3. Date 02-November-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Kelli Allen	me
5. Manuscript Title A Combined Patient and Provider Inter	vention for Managing Oste	eoarthritis in Veterans: A Raı	ndomized Clinical Trial
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		
Section 3. Polyvant financial	activities outside the s	unbusited work	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should rear there any relevant conflicts of interests.	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial rela se one line for each entity; a	dd as many lines as you need by
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 🗸 No

Jeffreys 2



Section 5.	Dalation shine not account above			
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	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?			
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Section 6.	Disclosure Statement			
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Dr. Jeffreys has no	othing to disclose.			

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Datta 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Santanu	2. Surname (Last Name) Datta	3. Date 15-October-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kelli D. Allen, PhD
5. Manuscript Title A Combined Patient and Provider Inter	vention for Managing Oste	eoarthritis in Veterans: Randomized Clinical Trial
6. Manuscript Identifying Number (if you k M15-0378	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
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Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Datta 2



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1

Allen



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1. Given Name (Fii Kelli	rst Name)	2. Surname (Last Name Allen	)		3. Date 14-Septem	ber-2015
4. Are you the cor	responding author?	Yes No				
5. Manuscript Title A Combined Pat	e ient and Provider Interv	ention for Managing C	osteoarthritis in	Veterans: Ra	andomized Clir	nical Trial
6. Manuscript Ider M15-0378	ntifying Number (if you kn	ow it)				
	L					
Section 2.	The Work Under Co	onsideration for Pul	lication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill c	titution <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 est? Yes No ermation below. If you I	, data monitoring	board, study	design, manusci	ript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments	
Department of Vetera	ans Affairs, HSR&D	<b>✓</b>		VA	HSR&D funded g	grant
	l					
Section 3.	Relevant financial	activities outside th	e submitted	work.		
of compensation clicking the "Add Are there any rel	the appropriate boxes i ) with entities as descri   +" box. You should rep evant conflicts of intere	bed in the instructions. Port relationships that w	. Use one line fo were <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 plani	ned, pending or issued,	broadly releva	nt to the wor	rk? Yes	✓ No

Allen 2



Section 5.	Delethorship and account 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?			
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Continu C				
Section 6.	Disclosure Statement			
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Dr. Allen reports	grants from Department of Veterans Affairs, HSR&D, during the conduct of the study; .			

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

Strauss 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Jennifer	2. Surname (Last Name) Strauss	3. Date 14-September-2015
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name
5. Manuscript Title A Combined Patient and Provider Inte	rvention for Managing Oste	eoarthritis in Veterans: Randomized Clinical Trial
6. Manuscript Identifying Number (if you k M15-0378	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	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	submitted work.
of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ribed in the instructions. Use 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 re present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyric	yhts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Strauss 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):
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Dr. Strauss has nothing to disclose.

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

Oddone 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Eugene		Surname (Last Name)     Oddone		3. Date 14-September-2015		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na Allen	me		
5. Manuscript Title A combined patient and provider intervention for OA						
6. Manuscript Ider M15-0378	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Pub	lication			
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  Vo						
Section 3.	Relevant financial	activities outside the	submitted work.			
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Section 4.	Intellectual Proper	rty Patents & Copyr	ights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No						

Oddone 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?
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1

Coffman



Section 1.	Identifying Inform	nation					
1. Given Name (First Name) Cynthia		Surname (Last Name)     Coffman		3. Date 15-September-2015			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nan Kelli Allen	ne			
	5. Manuscript Title A Combined Patient and Provider Intervention for Managing Osteoarthritis in Veterans: Randomized Clinical Trial						
6. Manuscript Ider M15-0378	ntifying Number (if you kr	now it)					
			_				
Section 2.	The Work Under Co	onsideration for Public	cation				
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Section 3.	Relevant financial	activities outside the s	submitted work.				
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Section 4.	Intellectual Proper	rty Patents & Copyri	yhts				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No							

Coffman 2



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Section 1. Identifying Inform	Identifying Information					
1. Given Name (First Name) Hayden	2. Surname (Last Name) Bosworth		3. Date 15-September-2015			
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Na Kelli Allen		or's Name			
5. Manuscript Title A Combined Patient and Provider Interv	rention for Managing Os	teoarthritis in Veterans:	: Randomized Clinical Trial"			
6. Manuscript Identifying Number (if you kn M15-0378	ow it)					
Section 2. The Work Under Co						
The Work Under Co	onsideration for Publ	ication				
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	st? ✓ Yes No					
If yes, please fill out the appropriate info		ive more than one enti	ty press the "ADD" button to add a row.			
Excess rows can be removed by pressing	the "X" button.					
Name of Institution/Company	Grant	on-Financial Other?	Comments			
NIH	<b>✓</b>					
Section 3. Relevant financial a	activities outside the	submitted work.				
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should rep	bed in the instructions. l	Jse one line for each en	itity; add as many lines as you need by			
Are there any relevant conflicts of intere	st? ✓ Yes No					
If yes, please fill out the appropriate info	rmation below.					
Name of Entity	Grant'	on-Financial Support?	Comments			
Sanofi	√					
CVS						



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
ohnson & Johsnon	<b>✓</b>					
akeda	<b>✓</b>					
Pharma foundation	<b>✓</b>					
Section 4. Intellectual Dispose						
Intellectual Propert	y Pate	ents & Co <sub>l</sub>	pyrights			
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Dr. Bosworth reports grants from NIH, during the conduct of the study; grants from Sanofi, personal fees from CVS, personal fees from Walgreen, grants from Johnson & Johsnon, grants from Takeda, grants from Pharma foundation, outside the submitted work; .						



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