

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

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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) Rebecca	2. Surname (Last Name) Gorges	3. Date 06-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amy S. Kelley
5. Manuscript Title The Burden of Health Care Costs in the Last 5 Years of Life		
6. Manuscript Identifying Number (if you know it) M15-0381		

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

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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. Gorges has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Amy

2. Surname (Last Name)
Kelley

3. Date
06-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Burden of Health Care Costs in the Last 5 Years of Life

6. Manuscript Identifying Number (if you know it)
M15-0381

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kelley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Skinner

3. Date
06-May-2015

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

5. Manuscript Title
"The Burden of Health Care Costs in the Last 5 Years of Life"

6. Manuscript Identifying Number (if you know it)
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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
National Institutes of Health / NIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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he also has invested in Dorsata, Inc., a startup software company developing physician decision support programs

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Dr. Skinner reports grants from National Institutes of Health / NIA, during the conduct of the study; and he also has invested in Dorsata, Inc., a startup software company developing physician decision support programs.

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1. Given Name (First Name) Kathleen	2. Surname (Last Name) McGarry	3. Date 15-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amy Kelley
5. Manuscript Title The Burden of Health Care Costs in the Last 5 Years of Life		
6. Manuscript Identifying Number (if you know it) M15-0381		

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