

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.

Identifying information.

2. The work under consideration for publication.

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Saran 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Rajiv	ame (First Name) 2. Surname (Last Nai Saran		3. Date 07-May-2015				
4. Are you the cor	ne corresponding author? Yes V		Corresponding Author's Name Vineet Chopra				
5. Manuscript Title The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results From An International Panel Using the RAND/UCLA Appropriateness Method 6. Manuscript Identifying Number (if you know it) M15-0744							
Section 2.	Section 2. The Work Under Consideration for Publication						
any aspect of the s statistical analysis,	ubmitted work (including	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.				
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts				
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No				

Saran 2



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O'Grady 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Naomi	rst Name)	2. Surname (Last Name) O'Grady	3. Date 07-May-2015			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Vineet Chopra			
5. Manuscript Title MAGIC- Approp	e riateness of PICC insert	ion				
6. Manuscript Ide	ntifying Number (if you kr	now it)				
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O'Grady 2



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Krein 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Sarah	2. Surname (Last Name) Krein	3. Date 07-May-2015		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name		
RAND/UCLA Appropriateness Method		MAGIC): Results From An International Panel Using the		
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Do you have any patents, whether pla	nned, pending or issued, bro	oadly relevant to the work? Yes V No		

Krein 2



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Lee 1



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Lee 2



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Are there any relevant conflicts of i	nterest? Yes No		
If yes, please fill out the appropriat Excess rows can be removed by pro		ve more than one entity press the "ADD" button to add a	a row.
Name of Institution/Company	Grant'	On-Financial Other? Comments	
Jniversity of Michigan			
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Name of Entity	Grant'	On-Financial Other? Comments	
/ascular Pathways	✓		
Bard Peripheral Vascular		Consultant	-
3 Braun		Consultant	



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Orbimed		✓			Consultant
Teleflex		\checkmark			Consultant, Royalty
Cook					Consultant, Royalty
WL Gore		\checkmark			Consultant
Lutonix		\checkmark			Consultant
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Dr. Trerotola reports personal fees from Pathways, personal fees from Bard Perip fees from Teleflex, from Cook, personal	heral Vas	cular, perso	onal fees from B E	Braun, per	rsonal fees from Orbimed, personal



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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

1

administrative support, etc.



Section 1. Identifying Inform	ation		
Given Name (First Name) Nancy	2. Surname (Last Name) Moureau		3. Date 20-January-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Au Vineet Chopra	uthor's Name
5. Manuscript Title PICC Appropriateness Panel Consensus	Review		
6. Manuscript Identifying Number (if you kn	ow it)		
Section 2. The Work Under Co	onsideration for Pub	lication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	s but not limited to grants, over the set? Yes Noormation below. If you have	data monitoring board	nment, commercial, private foundation, etc.) for d, study design, manuscript preparation, entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	on-Financial Support?	Comments
University of Michigan			PICC Appropriateness Panel reimbursement
Section 3. Relevant financial	activities outside the	submitted work	•
	bed in the instructions.	Use one line for each	ancial relationships (regardless of amount n entity; add as many lines as you need by the 36 months prior to publication.
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant	on-Financial Othe	Comments
PICC Excellence, Inc.			CEO
Greenville Memorial University Medical Center			Vascular Access Specialist

Moureau 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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.
Nancy L. Moureau 1 Chief Executive Officer, PICC Excellence, Inc., an educational company in Hartwell, Georgia, USA; 2 Vascular Access Specialist and Team Member, Greenville Hospital System, Greenville, South Carolina, USA; 3 Associate Adjunct Professor and member of Alliance for Vascular Access Device Training and Research (AVATAR), Griffith University, Brisbane Australia.

Evaluation and Feedback

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Moureau 3



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

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.



Section 1. Identifying Infor	mation	
Given Name (First Name) Scott	2. Surname (Last Name) Flanders	3. Effective Date (07-August-2008) 08-May-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Vineet Chopra
5. Manuscript Title The Michigan Appropriateness Guide RAND/UCLA Appropriateness Method		MAGIC): Results From An International Panel Using the
6. Manuscript Identifying Number (if you M15-0744	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	Blue Cross Blue Shield of Michigan		×
						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes	\checkmark					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	√					×
						ADD
5. Payment for writing or reviewing the manuscript	\checkmark					×
						ADD



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
Provision of writing assistance, medicines, equipment, or administrative support	√					×		
						ADD		
7. Other	✓					×		
						ADD		

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy		✓		Institute for Healthcare Improvement Society of Hospital Medicine		×		
						ADD		
3. Employment		✓		University of Michigan		×		
						ADD		
4. Expert testimony		✓		One Expert Review per year		×		
						ADD		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending			V	CDC Foundation Blue Cross Blue Shield of Michigan Michigan Hospital Association Agency for Healthcare Research and Quality		×
						ADD
Payment for lectures including service on speakers bureaus		✓		Honorarium for various talks at hospitals as a visiting professor		×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties		\checkmark		Wiley Publishing		×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					X
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	√					×
						ADD

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Continu /	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript 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.
	Hide All Table Rows Checked 'No' SAVE

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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.

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

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



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Carol	2. Surna Becker	me (Last Nar	ne)		3. Date 11-May-2015	
4. Are you the corresponding author?	Yes	✓ No	Correspond Vineet Cha		or's Name	
5. Manuscript Title The Michigan Appropriateness Guide fo RAND/UCLA Appropriateness Method	r Intraven	ous Cathet	ers (MAGIC): Resu	ılts From	An International Panel Using the	
6. Manuscript Identifying Number (if you kn M15-0744	ow it)					
Continu 2						
Section 2. The Work Under Co	onsidera	tion for P	ublication			
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 intereinf If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not linest?	nited to gran	nts, data monitoring	board, st	udy design, manuscript preparation,	
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Society of Hospital Medicine	/				This project was supported by a Young Researcher Award from the Society of Hospital Medicine (SHM) to Dr. Chopra. Funds were used to support panelist lodging, meals, transportation and venue. SHM had no role in the design, conduct or analysis of the project or the decision to submit this manuscript.	
Blue Cross Blue Shield of Michigan	✓				Blue Cross Blue Shield of Michigan also supported this project in the form of salary support for myself, through a contract with the University of Michigan.	



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 Vo
Section 4. Intellectual Property Patents & Copyrights
anasammi i sparty i atama a aspyrigina
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Belationships 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.
Ms. Becker reports grants from Society of Hospital Medicine, grants from Blue Cross Blue Shield of Michigan, during the conduct of the study; .



Evaluation and Feedback

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Relationships not covered above.

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Definitions.

Wiseman

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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

1

administrative support, etc.



Section 1.	Identifying Inform	ation					
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Wiseman	3. Date 07-February-2015				
4. Are you the cor	corresponding author? Yes Vineet Chopra						
5. Manuscript Title The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results Using the RAND/UCLA Appropriateness Method							
6. Manuscript Ider	ntifying Number (if you kr	now it)					
	ı						
Section 2. The Work Under Consideration for Publication							
any aspect of the s statistical analysis,	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 rel	evant conflicts of intere	est?					
	l						
Section 3.	Relevant financial	activities outside the s	submitted work.				
of compensation	ı) with entities as descri	bed 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.				
Are there any rel	evant conflicts of intere	est? Yes ✓ No					
	I						
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts				
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No				

Wiseman 2



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
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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. Wiseman has nothing to disclose.

Evaluation and Feedback

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Wiseman 3



Instructions

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Nam Saint	ne)	3. Effective Date (07-August-2008) 13-May-2015
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's N	Name
			ers (MAGIC): Results From An	International Panel Using the
6. Manuscript Ider M15-0744	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication						
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
13. Other (err on the side of full disclosure)		✓		Doximity	I am on a medical advisory board of Doximity, a new social networking site for physicians. Honorarium for being a member of the medical advisory board.	×
13. Other (err on the side of full disclosure)		✓		Jvion	I am on the scientific advisory board of Jvion, a healthcare technology company.	×
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.					ADD	

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✓	No other relationships/conditions/circumstances that present a potential conflict of interest
	Yes, the following relationships/conditions/circumstances are present (explain below):



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Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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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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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

Swaminathan 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Lakshmi	rst Name)	2. Surname (Last Name) Swaminathan	3. Date 09-February-2015		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Vineet Chopra		
5. Manuscript Title The Michigan Appropriateness Guide fo Results Using the RAND/UCLA Appropria 6. Manuscript Identifying Number (if you known)		iateness Method	/AGIC):		
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 s	ubmitted 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					
	ı				
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No		

Swaminathan 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):
✓ 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. Swaminathan has nothing to disclose.

Evaluation and Feedback

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

Swaminathan 3



Instructions

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earning royalties or not

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

LeDonne 1



Section 1.	Identifying Inform	mation			
1. Given Name (F Jack	irst Name)	2. Surname (Last Na LeDonne	ne)	3. Date 10-May-2015	
4. Are you the co	rresponding author?	Yes No	Correspon Vineet Ch	ding Author's Name opra MD	
RAND/UCLA Ap		II .	eters (MAGIC): Re	sults From An International Panel	Using the
Section 2.	The Work Under (Consideration for P	ublication		
	levant conflicts of inte		No		
Section 3.	Relevant financia	l 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	
eleflex				Consultant, Honoraria	
thicon				Speaker	
Sard International				Consultant	
onoSite				Consultant, Speaker	
M				Speaker	

LeDonne 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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
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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. LeDonne reports personal fees from Teleflex, personal fees from Ethicon, personal fees from Bard International, personal fees from SonoSite, personal fees from 3M, outside the submitted work; .

Evaluation and Feedback

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

LeDonne 3



Instructions

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

Chopra 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Vineet	rst Name)	2. Surname (Last Name Chopra)		3. Date 09-June-2015	
4. Are you the corresponding author? ✓ Yes No						
The Michigan Ap	5. Manuscript Title The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results From A Multi-Specialty Panel Using the RAND/UCLA Appropriateness Method					
6. Manuscript Ider M15-0744	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration for Pub	olication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants,	data monitoring		ommercial, private foundation, etc.) f design, manuscript preparation,	or
	out the appropriate info		nave more than	one entity pr	ress the "ADD" button to add a row	<i>N</i> .
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Support	Other? Co	omments	
Society of Hospital Medicine Young Researcher Award				ng Researcher Award		
Agency for Healthcare Research and Quality						
	ı					
Section 3.	Relevant financial	activities outside th	e submitted w	ork.		
of compensation) with entities as descri	bed in the instructions.	Use one line for	each entity;	elationships (regardless of amoun add as many lines as you need by months prior to publication.	
Are there any rel	evant conflicts of intere	st? Yes V)			
	l					
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	patents, whether plani	ned, pending or issued,	broadly relevan	t to the work	☐ Yes ✓ No</td <td></td>	

Chopra 2



Evaluation and Feedback

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Chopra 3



Instructions

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

Akl 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Elie		2. Surname (Last Name) Akl	3. Date 09-February-2015	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dr. Vineet Chopra	
5. Manuscript TitleThe Michigan Appropriateness Guide for Results Using the RAND/UCLA Appropriate6. Manuscript Identifying Number (if you known to be appropriate for the propriate for		iateness Method	ЛAGIC):	
Section 2.	The World House			
Did you or your in: any aspect of the s statistical analysis,	stitution at any time rece submitted work (including	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.	
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Section 4.	Intellectual Proper	rty Patents & Copyrig	jhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Akl 2



Section 5. Relationships not solvered above				
Relationships not covered above				
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No conflicts of interest to declare				

Evaluation and Feedback

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Akl 3



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Courey 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	. Given Name (First Name) 2. Surname (Last Name) .nthony Courey		3. Date 16-June-2015		
4. Are you the cor	responding author?	nding author?			
5. Manuscript Title "The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results From A Multi-Specialty Panel Using the RAND/UCLA Appropriateness Method" 6. Manuscript Identifying Number (if you know it) M15-0744					
Section 2.	The Work Under Co	onsideration for Public	cation		
any aspect of the s statistical analysis,	ubmitted work (including	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.		
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Section 4.	Intellectual Proper	ty Patents & Copyric	phts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Courey 2



Section 5. Relationships not covered above
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Dr. Courey has nothing to disclose.

Evaluation and Feedback

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Courey 3



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Bernstein 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Steven	2. Surname (Last Name) Bernstein		3. Date 02-June-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Vineet Chopra	me
Manuscript TitleThe Michigan Appropriateness Guide for RAND/UCLA appropriateness method.	or Intravenous Catheters (N	//AGIC): Results from a mult	i-specialty panel using the
6. Manuscript Identifying Number (if you kn M15-0744,	now it)	-	
Section 2. The Work Under Co	onsideration for Public	ation	
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 interest	est? ✓ Yes No		
If yes, please fill out the appropriate info Excess rows can be removed by pressing	•	e more than one entity pre	ss the "ADD" button to add a row.
Name of Institution/Company	Grant	o-Financial upport? Other? Con	nments
Department of Veterans Affairs (VA) National Center for Patient Safety			
Blue Cross Blue Shield of Michigan	✓		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	e one line for each entity; a	dd as many lines as you need by
Are there any relevant conflicts of interest	est? Yes No		
Continue			
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Bernstein 2



Section 5.				
Section 5.	Relationships not covered above			
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✓ Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
No other relationships/conditions/circumstances that present a potential conflict of interest				
care. Although p reviewed in the f appropriateness	member of the Blue Care Network Clinical Quality Committee which reviews issues related to quality of eripherally inserted central venous catheters have not been considered in the past their use may be future. Dr. Bernstein is also Director of Quality for the University of Michigan Medical Group. If the of peripherally inserted central venous catheter criteria developed as part of this process is widely adopted to the University of Michigan by outside agencies			
At the time of ma	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.			

Section 6.

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On occasion, journals may ask authors to disclose further information about reported relationships.

Dr. Bernstein reports grants from Department of Veterans Affairs (VA) National Center for Patient Safety, grants from Blue Cross Blue Shield of Michigan, during the conduct of the study; and Dr. Bernstein is a member of the Blue Care Network Clinical Quality Committee which reviews issues related to quality of care. Although peripherally inserted central venous catheters have not been considered in the past their use may be reviewed in the future. Dr. Bernstein is also Director of Quality for the University of Michigan Medical Group. If the appropriateness of peripherally inserted central venous catheter criteria developed as part of this process is widely adopted it could be applied to the University of Michigan by outside agencies...

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Safdar 1



Section 1. Iden	tifying Information			
1. Given Name (First Nam Nasia	e) 2. Surna Safdar	nme (Last Name)	3. Date 02-June-20	15
4. Are you the correspond	ling author? Yes	√ No	Corresponding Author's Name Vineet Chopra	
5. Manuscript Title Appropriateness of intravascular devices- the MAGIC study				
6. Manuscript Identifying	Number (if you know it)			
Section 2. The N	Work Under Considera	ntion for Pub	ication	
	ed work (including but not li		n a third party (government, commercial, priv lata monitoring board, study design, manuscr	
Section 3. Polo				
Relevant	vant financial activitie	s 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 V No				
Section 4. Intel	lectual Property Pat	ents & Copyr	ights	
Do you have any paten	ts, whether planned, pend	ding or issued,	proadly relevant to the work? Yes	✓ No

Safdar 2



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Relationships not covered above
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Dr. Safdar has nothing to disclose.

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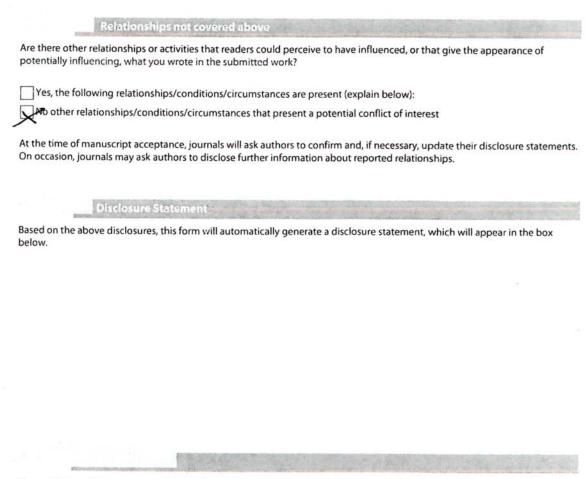
Royalties: Funds are coming in to you or your institution due to your

patent



Identifying Info	rmation	APPENDAGE PARTY			
1. Given Name (First Name) MAV RO	2. Surname (Last I	Name) Tti nu ti	3. D	Date June	30, 2019
4. Are you the corresponding author?	Yes	o			
5. Manuscript Title	7idin	Paper pro	m 5	~ le ,	6 1.1
6. Manuscript Identifying Number (if you		,,,			ad
M 15-0	764				
The Work Under	Consideration for	r Publication			
Did you or your institution at any time re any aspect of the submitted work (includ statistical analysis, etc.)?	eceive payment or service ling but not limited to g	ces from a third party (gove grants, data monitoring boar	ernment, commer rd, study design,	rcial, private found manuscript prepa	dation, etc.) for ration,
Are there any relevant conflicts of int	terest? Yes	No			
	•				
Palayant financi	al activisios outsid	le the submitted wor	VOLUME TO SERVICE OF THE PARTY		PER
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Are there any relevant conflicts of inte		₩•			
Intellectial Proje	erty – Patents & C	opyrights		2	
Do you have any patents, whether pla	anned, pending or iss	sued, broadly relevant to	the work?	Yes No	
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			in a figure of the second		





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Woller 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Scott	2. Surname (Last Name) Woller	3. Date 17-June-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Vineet Chopra, MD
5. Manuscript Title The Michigan Appropriateness Guide f RAND/UCLA Appropriateness Method	or Intravenous Catheters (I	MAGIC): Results From A Multi-Specialty Panel Using the
6. Manuscript Identifying Number (if you k M15-0744	now it)	_
Section 2. The Work Under C	onsideration for Public	cation
		a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	est?	
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	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.
Are there any relevant conflicts of inter If yes, please fill out the appropriate inf		
ii yes, piease iiii out the appropriate iiii		
Name of Entity	Grant? Personal Non	n-Financial other? Comments
BMS		paid to Intermountain Healthcare with no financial support to D.r Woller
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Woller 2



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