

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

Ouellette 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fir Jeannine				3. Date 11-January-2016		
4. Are you the cor	ou the corresponding author? Yes V			Corresponding Author's Name		
5. Manuscript Title Pharmacologic T Physicans		Disorders: An Evic	dence Re	oort for a Clinical Pract	tice by the American College of	
6. Manuscript Ider M15-1781	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration fo	r Public	ation		
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 Vo						
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Section 3.	Relevant financial	activities outsid	de the s	ubmitted work.		
of compensation clicking the "Add) with entities as descri I +" box. You should rep	bed in the instruc oort relationships	tions. Us that were	e one line for each ent	al relationships (regardless of amount ity; add as many lines as you need by 36 months prior to publication .	
Are there any rele	evant conflicts of intere	st? Yes	√ No			
	I					
Section 4.	Intellectual Proper	ty Patents & (Copyrig	hts		
Do you have any	patents, whether plans	ned, pending or is	ssued, bro	oadly relevant to the w	vork? Yes V	

Ouellette 2



Soction F				
Section 5.	elationships not covered above			
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?			
Yes, the followin	g relationships/conditions/circumstances are present (explain below):			
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Section 6. Di	isclosure Statement			
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box			

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Carlyle 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Carlyle	3. Date 17-March-2016		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Timothy J Wilt, MD, MPH		
5. Manuscript Title Pharmacologic Treatment of Insomnia Disorders: An Evidence Report for a Clinical Practice Guideline by the American College of Physicians 6. Manuscript Identifying Number (if you know it) M15-1781					
Section 2.	The Work Under Co	onsideration for Public	cation		
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	submitted work.		
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that we	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 Proper	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Carlyle 2



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Dr. Carlyle has nothing to disclose.

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Wilt 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Timothy	rst Name))		3. Date 23-October-2015	
4. Are you the cor	4. Are you the corresponding author? Yes No				
5. Manuscript Title Insomnia Disord					
6. Manuscript Ider M15-1781	ntifying Number (if you kn	ow it)			
Section 2					
Section 2.	The Work Under Co	nsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rel- If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, st? Yes No rmation below. If you h	data monitoring	g board, study (commercial, private foundation, etc.) for design, manuscript preparation, etc.) for design was a subject of the "ADD" button to add a row.
Name of Institut	Name of Institution/Company Grant Personal Fees Non-Financial Support Comments				
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Section 3.	Relevant financial a	activities outside th	e submitted	work.	
of compensation clicking the "Add Are there any rel) with entities as descril	oed in the instructions. ort relationships that v	Use one line fo vere present d	or each entity	relationships (regardless of amount r; add as many lines as you need by s months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether planr	ned, pending or issued,	broadly releva	int to the wor	rk? Yes 🗸 No

Wilt 2



Section 5.	
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Brasure 1



Section 1.	Identifying Inform	ation					
1. Given Name (Firs Michelle	, ,	2. Surname (Last Name) Brasure		3. Date			
4. Are you the corre	esponding author?	Yes	✓ No	Corresponding Author's Name			
5. Manuscript Title "Pharmacologic Treatment of Insomnia Disorders: An Evidence Report for a Clinical Practice Guideline by the American College of Physicians."						e American	
6. Manuscript Ident M15-1781	ifying Number (if you kn	ow it)					
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any aspect of the su statistical analysis, e Are there any rele	vant conflicts of intere	but not limited st? Yes	d to grants, da	ata monitoring	board, st	udy design, manuscript p	oreparation,
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	on/Company	Grant	3	n-Financial Support <mark>?</mark>	Other?	Comments	
Agency for Healthcare	Quality and Research				\checkmark	contract with Agency fo Quality and Research	r Healthcare
Section 3.	Relevant financial a	activities ou	ıtside the	submitted v	work.		
of compensation) clicking the "Add	ne appropriate boxes in with entities as descril +" box. You should rep vant conflicts of intere	oed in the ins ort relationsh	tructions. U	se one line fo	or each er	ntity; add as many line:	s as you need by
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Section 4.			0.6				
	Intellectual Proper	ty Patents	& Copyri	ghts			
Do you have any բ	patents, whether planr	ned, pending	or issued, b	roadly releva	nt to the	work? Yes	No

Brasure 2



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Dr. Brasure reports other from Agency for Healthcare Quality and Research, during the conduct of the study; .

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Butler 1



Section 1. Identifying Inform	mation					
1. Given Name (First Name) Mary	2. Surname (Last Name) Butler	3. Date 15-October-2015				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Tim Wilt				
of physicians	pharmacologic treatment of insomnia disorders: an evidence report for a clinical practice guideline by the american college of physicians					
6. Manuscript Identifying Number (if you k M15-1781	iriow it)	_				
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Did you or your institution at any time reco any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,				
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Butler 2



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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

Diem 1



Section 1. Identifying Informa	ation					
1. Given Name (First Name) Susan	2. Surname (Last Name) Diem		3. Date 02-November-2015			
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's N	Name			
5. Manuscript Title Pharmacologic Treatment of Insomnia D College of Physicians		port for a Clinical Practice	e Guideline by the American			
6. Manuscript Identifying Number (if you kno	ow it)					
		-				
Section 2. The Work Under Co	nsideration for Public	ation				
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not limited to grants, da					
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.						
Name of Institution/Company	Grant? Personal Non	o-Financial Other? Coupport?	omments			
Agency for Healthcare Research and Quality	✓					
Section 3. Relevant financial a	nctivities outside the s	uhmitted work				
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interests.	n the table to indicate who bed in the instructions. Us ort relationships that wer	ether you have financial r e one line for each entity	y; add as many lines as you need by			
Section 4. Intellectual Property	ty Patents & Copyrig	uhte				
Do you have any patents, whether plann			rk? Yes 🗸 No			

Diem 2



Section 5. Relationships not severed 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
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Section 6. Disclosure Statement
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Dr. Diem reports grants from Agency for Healthcare Research and Quality, during the conduct of the study;.

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Diem 3



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

Kane 1



Section 1. Identify	ng Information		
Given Name (First Name) Robert	2. Surname (Last Name) Kane	3. Date 27-April-2015	
4. Are you the corresponding a	uthor? Yes 🗸 No	Corresponding Author's Name Howard Fink	
5. Manuscript Title "Intermediate and long-terr	n cognitive outcomes after cardiova	ascular procedures in older adults: a systematic review"	
6. Manuscript Identifying Num	ber (if you know it)		
Section 2. The Wor	k Under Consideration for Pub	lication	
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	e 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. Intellect		.t.d.s.	
Intellect	ual Property Patents & Copy	rights	
Do you have any patents, w	nether planned, pending or issued,	broadly relevant to the work? Yes Vo	

Kane 2



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

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Olson 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Carin	rst Name)	2. Surname (Last Name) Olson	3. Date 08-October-2015
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Tim Wilt
5. Manuscript Title Pharmacologic T College of Physic	reatment of Insomnia	Disorders: An Evidence Re	port for a Clinical Practice Guideline by the American
6. Manuscript Ide M15-1781	ntifying Number (if you kr	now it)	
	ı		
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	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.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that we	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 Proper	rty Patents & Copyric	ghts
Do you have any			roadly relevant to the work? Yes V No

Olson 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Koffel 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Erin	rst Name)	2. Surname (Last Name) Koffel	3. Date 09-October-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Timothy Wilt
College of Physic	reatment of Insomnia I		port for a Clinical Practice Guideline by the American
Section 2.	The Work Under Co	onsideration for Public	cation
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	submitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Koffel 2



Section 5. Relationships not sovered above
Relationships not covered above
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Fuchs 1



Section 1. Identi	fying Information		
1. Given Name (First Name) Erika	2. Surname (Last Name) Fuchs	3. Date 09-October-2015	
4. Are you the corresponding	g author? Yes 🗸 No	Corresponding Author's Name	
5. Manuscript Title Pharmacologic Treatmen College of Physicians.	t of Insomnia Disorders: An Evidence Rep	ort for a Clinical Practice Guideline by the American	
6. Manuscript Identifying No M15-1781	umber (if you know it)		
Section 2			
Section 2. The W	ork Under Consideration for Publica	ation	
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 V			
Section 3. Releva	nt financial activities outside the su	ubmitted work.	
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Section 4. Intelle	ctual Property Patents & Copyrigl	hts	
Do you have any patents,	whether planned, pending or issued, bro	oadly relevant to the work? Yes You	

Fuchs 2



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KHAWAJA 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi IMRAN	rst Name)	2. Surname (Last Name) KHAWAJA	3. Date 08-October-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Timothy J. Wilt, MD; M.P.H
5. Manuscript Title Pharmacologic T College of Physic	reatment of Insomnia I	Disorders: An Evidence Re	port for a Clinical Practice Guideline by the American
6. Manuscript Ide M15-1781	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

KHAWAJA 2



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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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

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

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Section 1. Identifying Inform	aation	
Given Name (First Name) Roderick	Surname (Last Name) MacDonald	3. Date 09-October-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Timothy Wilt
College of Physicians		port for a Clinical Practice Guideline by the American
6. Manuscript Identifying Number (if you kr M15-1781	now it)	_
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for sta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interest the appropriate infe		re more than one entity press the "ADD" button to add a row.
Excess rows can be removed by pressin		button to add a row.
Name of Institution/Company	Grant	n-Financial other? Comments
Agency for Healthcare Research and Quality AHRQ)	V	
American College of Physicians		
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) 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 relevant conflicts of intere	est? Yes No	
Section 4. Intellectual Proper		
Intellectual Proper	ty Patents & Copyri <u>c</u>	ints ————————————————————————————————————
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

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Section 5. Relationships not solvered 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.

Evaluation and Feedback

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

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