

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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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) Gallagher

3. Date 21-December-2015

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

5. Manuscript Title Speak Up! Addressing the paradox plaguing patient-centered care

6. Manuscript Identifying Number (if you know it) M15-2416

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

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
Agency for Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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) Kimberly	2. Surname (Last Name) Fisher	3. Date 21-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Mazor
5. Manuscript Title Speak Up! Addressing the paradox plaguing patient-centered care		
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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Fisher has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kelly M.

2. Surname (Last Name)
Smith

3. Date
23-December-2015

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

5. Manuscript Title
Speak Up! Addressing the paradox plaguing patient-centered care

6. Manuscript Identifying Number (if you know it)
M15-2416

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1. Given Name (First Name)
Kathleen

2. Surname (Last Name)
Mazor

3. Date
21-December-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Speak Up! Addressing the paradox plaguing patient-centered care

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AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4R18HS022757-03

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