

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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.

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#### 4. Intellectual Property.

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

#### 5. 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.

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

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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) James Freeman	2. Surname (Last Name) Freeman	3. Date 06-January-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Isuru Ranasinghe
5. Manuscript Title Long-Term Risk of Hospitalization for Device-Related Complications and Reoperation after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study		
6. Manuscript Identifying Number (if you know it) M15-2732		

### 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
American College of Cardiology NCDR ICD Registry Data Analytic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract to with payment to perform data analytics for the NCDR ICD Registry for the Center for Outcomes Research and Evaluation at Yale New Haven Hospital

### 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  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Isuru

2. Surname (Last Name)

Ranasinghe

3. Date

25-March-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Long-Term Risk of Device-Related Complications and Reoperations after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study

6. Manuscript Identifying Number (if you know it)

M15-2732

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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American College of Cardiology Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This research was supported by the American College of Cardiology Foundation's National Cardiovascular Data Registry (NCDR). The NCDR research committee reviewed the final manuscript prior to submission but otherwise had no role in the design, conduct, or reporting of the study
National Health and Medical Research Council of Australia and The National Heart Foundation of Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Isuru Ranasinghe is supported by an Early Career Fellowship co-funded by the National Health and Medical Research Council and the National Heart Foundation of Australia

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Ranasinghe reports grants from American College of Cardiology Foundation, grants from National Health and Medical Research Council of Australia and The National Heart Foundation of Australia, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Akar	3. Date 27-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Long-Term Risk of Hospitalization for Device-Related Complications and Reoperation after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Craig

2. Surname (Last Name)  
Parzynski

3. Date  
01-February-2016

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Long-Term Risk of Hospitalization for Device-Related Complications and Reoperation after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American College of Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yale-CORE is contracted as an analytic center for the American College of Cardiology.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Jeptha

2. Surname (Last Name)  
Curtis

3. Date  
23-February-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Isuru Ranasinghe

5. Manuscript Title  
Long-Term Risk of Hospitalization for Device-Related Complications and Reoperation after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study

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Are there any relevant conflicts of interest?  Yes  No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U01 HL105270-05

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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.

#### 5. Relationships not covered above.

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#### Definitions.

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

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)  
Joseph

2. Surname (Last Name)  
Ross

3. Date  
06-January-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Harlan Krumholz

5. Manuscript Title  
TLong-Term Risk of Hospitalization for Device-Related Complications and Reoperation after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study

6. Manuscript Identifying Number (if you know it)  
M15-2732

### 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 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
Food and Drug Administration (FDA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from the Food and Drug Administration (FDA) through a research grant to determine best practices in medical device post-market surveillance.
Medtronic, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross is currently supported by Medtronic, Inc. through the Yale University Open Access Data project, developing methods to promote clinical trial data sharing.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross is currently supported by Johnson & Johnson through the Yale University Open Access Data project, developing methods to promote clinical trial data sharing.
Centers for Medicare and Medicaid Services (CMS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support through a contract with the Centers for Medicare and Medicaid Services (CMS) to develop and maintain performance measures that are used to publicly report hospital and physician quality of care.
Blue Cross-Blue Shield Association (BCBSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from the Blue Cross-Blue Shield Association (BCBSA) through a research grant to better understand medical technology evidence generation.

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  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?

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## ICMJE Form for Disclosure of Potential Conflicts 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. Ross reports grants from Food and Drug Administration (FDA), grants from Medtronic, Inc., grants from Johnson & Johnson, grants from Centers for Medicare and Medicaid Services (CMS), grants from Blue Cross-Blue Shield Association (BCBSA), outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rachel

2. Surname (Last Name)  
Dreyer

3. Date  
07-January-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Isuru Ranasinghe

5. Manuscript Title  
Long-Term Risk of Hospitalization for Device-Related Complications and Reoperation after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study

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Dr. Dreyer has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Harlan

2. Surname (Last Name) Krumholz

3. Date 07-January-2016

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Isuru Ranasinghe

5. Manuscript Title Long-Term Risk of Hospitalization for Device-Related Complications and Reoperation after Implantable Cardioverter-Defibrillator Therapy: An Observational Cohort Study

6. Manuscript Identifying Number (if you know it) M15-2732

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
UnitedHealth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chair, cardiac scientific advisory board
Johnson & Johnson (Janssen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research agreement through Yale to develop methods of clinical trial data sharing
Medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research agreement through Yale to develop methods of clinical trial data sharing
Food and Drug Administration & Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant through Yale to develop methods for post-market surveillance of medical devices

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Medicare & Medicaid Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contracts to develop and maintain performance measures that are used for public reporting

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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