

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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Section 1. Identifying Information

1. Given Name (First Name)
Ling

2. Surname (Last Name)
Li

3. Date
14-July-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Christine A. Sinsky

5. Manuscript Title
Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties

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

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
Mary Hitchcock Hospital and Dartmouth Hitchcock Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statistical analysis

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Li reports grants from Mary Hitchcock Hospital and Dartmouth Hitchcock Clinic, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Johanna

2. Surname (Last Name) _____
Westbrook

3. Date _____
14-July-2016

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

5. Manuscript Title _____
Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties

6. Manuscript Identifying Number (if you know it) _____
M16-0961

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Dartmouth-Hitchcock Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funding to Macquarie University to provide expert advice and assistance in the design, execution and analysis of the work measurement data (including training in the WOMBAT observational method) as part of this collaborative research project

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1. Given Name (First Name)
Christine

2. Surname (Last Name)
Sinsky

3. Date
13-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties

6. Manuscript Identifying Number (if you know it)
m16-0961

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Section 1. Identifying Information

1. Given Name (First Name) Mirela	2. Surname (Last Name) Prgomet	3. Date 18-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Sinsky
5. Manuscript Title Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties		
6. Manuscript Identifying Number (if you know it) M16-0961		

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Section 1. Identifying Information

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Sam

2. Surname (Last Name)

Reynolds

3. Date

13-July-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Mr. Reynolds has nothing to disclose.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Tutty	3. Date 13-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Sinsky, MD
5. Manuscript Title Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties		
6. Manuscript Identifying Number (if you 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 (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.

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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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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties study was paid for by the American Medical Association, my employer.

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)
Lacey

2. Surname (Last Name)
Colligan

3. Date
27-July-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Christine Sinsky MD

5. Manuscript Title
Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties

6. Manuscript Identifying Number (if you know it)
M16-0961

Section 2. The Work Under Consideration for Publication

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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
Dartmouth Hitchcock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Medical Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharp End Advisory, LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Colligan reports funding for separate and distinct portions of her work: Dartmouth Hitchcock; American Medical Association and Sharp End Advisory, LLC.

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Section 1. Identifying Information

1. Given Name (First Name)
George

2. Surname (Last Name)
Blike

3. Date
27-July-2016

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Corresponding Author's Name
Christine Sinsky

5. Manuscript Title
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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 Medical Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Blike reports grants from American Medical Association, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lindsey

2. Surname (Last Name)

Goeders

3. Date

02-August-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Christine Sinsky, MD

5. Manuscript Title

Allocation of Physician Time in Ambulatory Practice: A Time-Motion Study in Four Specialties

6. Manuscript Identifying Number (if you know it)

M16-0961

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the study was paid for by my employer, the American Medical Association.

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