

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.

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3. Relevant financial activities outside the submitted work.

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

Cain 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Katrice	2. Surname (Last Name) Cain	3. Date 07-June-2016
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title The Clinical Impact of Medical Journals		
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, cong but not limited to grants, data monitoring board, study doest? Yes 🗸 No	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descr	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were present during the 36 est? Yes V No	add as many lines as you need by
Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	</td

Cain 2



Section 5. Polationships not sovered 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 state On occasion, journals may ask authors to disclose further information about reported relationships.	ments.
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the bobelow.	X
Ms. Cain has nothing to disclose.	

Evaluation and Feedback

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Cain 3



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

Covinsky 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Ken	rst Name)	Surname (Last Name) Covinsky	3. Date 08-June-2016
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Sehgal
5. Manuscript Title The Clinical Impa	e act of Medical Journals		
6. Manuscript Ide m16-1096	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	submitted 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 descr	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 Prope	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Covinsky 2



Section 5.	
Re	lationships not covered above
	onships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work?
✓ Yes, the following	relationships/conditions/circumstances are present (explain below):
No other relations	ships/conditions/circumstances that present a potential conflict of interest
I am employed as an	associate editor for JAMA Internal Medicine
	cript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements may ask authors to disclose further information about reported relationships.
Section 6. Dis	closure Statement
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Dr. Covinsky reports	that he is employed as an associate editor for JAMA Internal Medicine.

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1. Given Name (Fi Bindu	rst Name)	2. Surname (Last Name) Sehgal	3. Date 08-June-2016
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Dr. Sehgal has nothing to disclose.	

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1. Given Name (Fi Ashwini	, ,	2. Surname (Last Name)		3. Date 08-June-2016
		Sehgal		08-June-2016
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title The Clinical Imp	e act of Medical Journals			
6. Manuscript Ide m16-1096	ntifying Number (if you kr	now it)		
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Dr. Sehgal reports he is employed as an associate editor for Annals of Internal Medicine

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Kaelber 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) David	2. Surname (Last Name) Kaelber		3. Date 09-June-2016
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author Ashwini R. Sehgal, M	
5. Manuscript Title THE CLINICAL IMPACT OF MEDICAL JOU	JRNALS		
6. Manuscript Identifying Number (if you kn M16-1906	ow it)	_	
Section 2. The Work Under Co	onsideration for Public	ation	
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Are there any relevant conflicts of intered If yes, please fill out the appropriate info			
Name of Entity	Grant? Personal Nor	n-Financial other?	Comments
Wolters-Kluwer		✓ (Dr. Kaelber perviously served on the UpToDate North American Advisory Board (2013-2015)
Section 4. Intellectual Proper	ty Patents & Copyric	jhts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the w	vork? Yes No

Kaelber 2



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