

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kelli

2. Surname (Last Name)
Allen

3. Date
21-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial

6. Manuscript Identifying Number (if you know it)
M16-1245

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH funded the study from which results are reported

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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. Allen reports grants from National Institutes of Health , during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Hayden

2. Surname (Last Name)
Bosworth

3. Date
21-November-2016

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

5. Manuscript Title
Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial

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Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Improved Patient Outcome	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Bosworth reports grants and personal fees from Sanofi, grants from Johnson & Johnson, grants from Takeda, personal fees from Genentech, grants from Improved Patient Outcome, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Ranee	2. Surname (Last Name) Chatterjee	3. Date 21-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelli Allen, PhD
5. Manuscript Title Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial		
6. Manuscript Identifying Number (if you know it) M16-1245		

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Dr. Chatterjee has nothing to disclose.

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1. Given Name (First Name) Cynthia

2. Surname (Last Name) Coffman

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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) Leonor	2. Surname (Last Name) Corsino	3. Date 05-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allen
5. Manuscript Title Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial		
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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Santanu 2. Surname (Last Name) Datta 3. Date 09-December-2016

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

5. Manuscript Title
Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial

6. Manuscript Identifying Number (if you know it)
M16-1245

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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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH funded the study from which results are reported

Section 3. Relevant financial activities outside the submitted work.

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Dr. Datta reports grants from National Institutes of Health , 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) _____ Rowena

2. Surname (Last Name) _____ Dolor

3. Date _____ 21-November-2016

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

5. Manuscript Title _____ Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial

6. Manuscript Identifying Number (if you know it) _____ M16-1245

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1R01-AR059673

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dolor reports grants from NIH, 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) Amy	2. Surname (Last Name) Jeffreys	3. Date 22-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelli Allen
5. Manuscript Title Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial		
6. Manuscript Identifying Number (if you know it) M16-1245		

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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Dr. Jeffreys has nothing to disclose.

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)
Jennifer

2. Surname (Last Name)
McDuffie

3. Date
06-December-2016

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

5. Manuscript Title
Clinical Outcomes of Metformin Use in Populations with Historical Contraindications and Precautions: A Systematic Review

6. Manuscript Identifying Number (if you know it)
unknown

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Dr. McDuffie has nothing to disclose.

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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) Eugene	2. Surname (Last Name) Oddone	3. Date 21-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelli Allen
5. Manuscript Title "Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial"		
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

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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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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".

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jennifer	2. Surname (Last Name) Strauss	3. Date 22-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelli Allen, PhD
5. Manuscript Title Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial		
6. Manuscript Identifying Number (if you know it) M16-1245		

Section 2. The Work Under Consideration for Publication

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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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Dr. Strauss 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)
William

2. Surname (Last Name)
Yancy

3. Date
21-November-2016

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

5. Manuscript Title
Patient, Provider and Combined Interventions for Managing Osteoarthritis in Primary Care: A Cluster Randomized Trial

6. Manuscript Identifying Number (if you know it)
M16-1245

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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
NIH/NIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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
University of Pennsylvania/Weight Watchers International	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Veterans Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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. Yancy reports grants from NIH/NIAMS, during the conduct of the study; personal fees from University of Pennsylvania/Weight Watchers International, grants from NIH, grants from Department of Veterans Affairs, outside the submitted work; .

Evaluation and Feedback

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