

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.

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.

Definitions.

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

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

2. Surname (Last Name) _____ Reschovsky

3. Date _____ 03-October-2017

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

5. Manuscript Title _____ Associations between American Board of Internal Medicine Maintenance of Certification Status and Care Quality: A cross-sectional analysis

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

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 Board of Internal Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have had a consulting arrangement with ABIM for years, assisting with research they sponsor.

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Reschovsky reports personal fees from American Board of Internal Medicine, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Vandergrift

3. Date
04-October-2017

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

5. Manuscript Title
Associations between American Board of Internal Medicine Maintenance of Certification Status and Care Quality: A cross-sectional analysis

6. Manuscript Identifying Number (if you know it)
M16-2643

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 Board of Internal Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee of ABIM

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Bradley

2. Surname (Last Name) Gray

3. Date 27-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Associations between American Board of Internal Medicine Maintenance of Certification Status and Performance on a set of Health Effectiveness Data Information (HEDIS) Process Measures

6. Manuscript Identifying Number (if you know it)
M16-2643

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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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
American Board of Internal Medicine (ABIM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a salaried employee of ABIM

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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I am a salaried employ of ABIM.

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Dr. Gray reports is a salaried employ of ABIM..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Lipner

3. Date
05-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Associations between American Board of Internal Medicine Maintenance of Certification Status and Care Quality: A cross-sectional analysis

6. Manuscript Identifying Number (if you know it)
M16-2643

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I am employed by the American Board of Internal Medicine

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Dr. Lipner reports and I am employed by the American Board of Internal Medicine.

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Section 1. Identifying Information

1. Given Name (First Name)
Bruce

2. Surname (Last Name)
Landon

3. Date
18-September-2017

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

5. Manuscript Title
Readmissions following Revascularization Procedures for Peripheral Arterial Disease: A Nationwide Cohort Study

6. Manuscript Identifying Number (if you know it)
M17-1058

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Myers-JDC Brookdale Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reimbursement for travel to advisory board meeting annually (in israel)
Research Triangle Institute International	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1 - \$4,999
UpToDate, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1 - \$4,999
Evidera	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$4,999 - \$10,000
American Board of Internal Medicine (ABIM)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1 - \$4,999
Freedman Healthcare Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1 - \$4,999

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
City of Newton, Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Member of the Newton Healthcare Advisory Committee, which advises the mayor about health benefits (design, structure, costs, negotiations) for the city.

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. Landon reports non-financial support from Myers-JDC Brookdale Institute, personal fees from Research Triangle Institute International, personal fees from UpToDate, Inc., personal fees from Evidera, personal fees from American Board of Internal Medicine (ABIM), personal fees from Freedman Healthcare Consulting, non-financial support from City of Newton, Massachusetts, outside the submitted work; .

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