

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.

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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

Brouwer 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Chris		2. Surname (Last Name) Brouwer	3. Date 21-March-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr. Hans Wouters
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDIC		CATION IN NURSING HOMI	E RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED
6. Manuscript Idei	ntifying Number (if you kn	ow it)	
Section 2.	The Work Under Co	onsideration for Public	ation
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 s	ubmitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyrig	htc
Dannaham			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V			

Brouwer 2



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Dr. Brouwer has nothing to disclose.

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Wouters 1



Section 1. Identifying Info	ormation	
Given Name (First Name) Hans	Surname (Last Name) Wouters	3. Date 21-March-2017
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title		
6. Manuscript Identifying Number (if yo DISCONTINUING INAPPROPRIATE M		
Section 2. The Work Unde	er Consideration for Publication	
	receive payment or services from a third party (adding but not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation,
Are there any relevant conflicts of ir		
If yes, please fill out the appropriate Excess rows can be removed by pre	· · · · · · · · · · · · · · · · · · ·	one entity press the "ADD" button to add a row.
Name of Institution/Company	3 Poysonal Non Einansial	Other? Comments
Netherlands Organization for Health Resear and Development (grant number 80-83600-98-10176)	arch 🗸	
Section 3. Relevant finance	cial activities outside the submitted \	work.
of compensation) with entities as de	escribed in the instructions. Use one line fo	ve financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
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Do you have any patents, whether p	olanned, pending or issued, broadly relevar	nt to the work? ☐ Yes 🗸 No

Wouters 2



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Dr. Wouters reports a grant from the Netherlands Organization for Health Research and Development (grant number 80-83600-98-10176 awarded to prof. Taxis), during the conduct of the study.

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patent

van der Meer 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Helene	2. Surname (Last Name) van der Meer	3. Date 18-April-2017	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name	
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDICATION IN NURSING HOME RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED CONTROLLED TRIAL 6. Manuscript Identifying Number (if you know it)			
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Section 2. The Work Under C	onsideration for Public	ation	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	ubmitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyrig	hts	
Do you have any patents, whether plan			

van der Meer 2



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Twisk 1



Section 1. Identifying Inform			
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1. Given Name (First Name) Jos	2. Surname (Last Name) Twisk	3. Date 14-April-2017	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Wouters	
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDI CONTROLLED TRIAL	CATION IN NURSING HOM	E RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

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Zuidema 1



Section 1.	Identifying Inform	ation	
1. Given Name (First Sytser	t Name)	2. Surname (Last Name) Zuidema	3. Date 20-March-2017
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Hans Wouters
A CLUSTER RANDO	NAPPROPRIATE MEDIO OMIZED CONTROLLED ifying Number (if you kn	TRIAL	E RESIDENTS (DIM-NHR STUDY):
Section 2.	The Work Under Co	onsideration for Public	ation
Did you or your insti any aspect of the sul statistical analysis, et	itution at any time recei bmitted work (including	ve payment or services from but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
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Zuidema 2



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

Koning 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Hedi	rst Name)	2. Surname (Last Name) Koning	3. Date 20-March-2017
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Wouters
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDICATION IN NURSING HOME RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED CONTROLLED TRIAL 6. Manuscript Identifying Number (if you know it) M16-2729			
Section 2.	The Work Under Co	onsideration for Public	cation
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 s	ubmitted 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 Vo			
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Koning 2



Section 5. Bold	dianakina nataawana dahawa	
Reia	ationships not covered above	
	nships or activities that readers could perceive to have influenced, or that give the appearance of , what you wrote in the submitted work?	
Yes, the following r	elationships/conditions/circumstances are present (explain below):	
✓ No other relationships/conditions/circumstances that present a potential conflict of interest		
	ipt acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nay ask authors to disclose further information about reported relationships.	
Section 6. Disc	losure Statement	
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Dr. Koning has nothing	g to disclose.	

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Koning 3



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

Taxis 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Katja	2. Surname (Last Name) Taxis		3. Date 21-March-2017	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Hans Wouters		
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDIC CONTROLLED TRIAL	CATION IN NURSING HOM	E RESIDENTS (DIM-NH	HR STUDY): A CLUSTER RANDOMIZED	
6. Manuscript Identifying Number (if you kn M16-2729	ow it)	_		
Section 2. The Work Under Co	onsideration for Public	ation		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, da st? Yes No rmation below. If you hav	ta monitoring board, stu	udy design, manuscript preparation,	
Name of Institution/Company	Grant? Personal Nor	n-Financial other?	Comments	
ZonMW, The Netherlands Organisation for Health Research and Development	✓			
Section 3. Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interests."	bed in the instructions. Us port relationships that wer	e one line for each en	ntity; add as many lines as you need by	
Section 4. Intellectual Proper	ty Patents & Copyrig	ıhts		
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes V	

Taxis 2



Section 5. Polationships not severed 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?				
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
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Section 6. Disclosure Statement				
Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Taxis reports grants from ZonMW, The Netherlands Organisation for Health Research and Development, during the conduct of the study; .				

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

Scheper 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Grietje Johanna	Name)	2. Surname (Last Name) Scheper		3. Date 20-March-2017
4. Are you the corre	sponding author?	☐ Yes ✓ No	Corresponding Author's Na H. Wouters	me
5. Manuscript Title DISCONTINUING IN CONTROLLED TRIA		CATION IN NURSING HO	ME RESIDENTS (DIM-NHR STU	JDY): A CLUSTER RANDOMIZED
6. Manuscript Identi M16-2729	fying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the sub statistical analysis, et	omitted work (including	but not limited to grants, d	n a third party (government, co ata monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
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Continue				
Section 4.	ntellectual Proper	ty Patents & Copyri	ghts	
Do you have any p	atents, whether planr	ned, pending or issued, b	roadly relevant to the work?	? ☐ Yes ✓ No

Scheper 2



Section 5. Relationships not sovered above
Relationships not covered above
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Boersma 1



Section 1. Identifying Inform	aation			
identifying inform	lation			
1. Given Name (First Name) Froukje	2. Surname (Last Name) Boersma	3. Date 23-April-2017		
4. Are you the corresponding author?		sponding Author's Name Wouters		
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDI controlled trial	CATION IN NURSING HOME RESID	DENTS (DIM-NHR STUDY): a cluster randomized		
6. Manuscript Identifying Number (if you kr M16-2729	now it)			
Section 2. The Work Under Co	onsideration for Publication			
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, data moni est? Yes No ormation below. If you have more	party (government, commercial, private foundation, etc.) for toring board, study design, manuscript preparation, than one entity press the "ADD" button to add a row.		
Name of Institution/Company	Grant? Personal Non-Finar Fees? Support	Other• Comments		
The Netherlands Organisation for Health Research and Development (ZonMw)	✓ □ □			
Section 3. Relevant financial	activities outside the submit	ited 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 intere	est? Yes ✓ No			
Section 4. Intellectual Proper	rty Patents & Copyrights			
Do you have any patents, whether plan		elevant to the work? Yes V No		

Boersma 2



Section 5. Relationships not sovered above
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