

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chris

2. Surname (Last Name)
Brouwer

3. Date
21-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Hans 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)

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Are there any relevant conflicts of interest? Yes No

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Dr. Brouwer 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) Hans 2. 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 you know it)
DISCONTINUING INAPPROPRIATE MEDICATION IN NURSING HOME

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
Netherlands Organization for Health Research and Development (grant number 80-83600-98-10176)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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Section 1. Identifying Information

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)
M16-2729

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Dr. van der Meer has nothing to disclose.

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Section 1. Identifying Information

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 MEDICATION IN NURSING HOME RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED CONTROLLED TRIAL

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Dr. Twisk has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sytser	2. Surname (Last Name) Zuidema	3. Date 20-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hans Wouters
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDICATION IN NURSING HOME RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED CONTROLLED TRIAL		
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Dr. Zuidema 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) Hedi	2. Surname (Last Name) Koning	3. Date 20-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Koning 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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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) 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 MEDICATION IN NURSING HOME RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED CONTROLLED TRIAL

6. Manuscript Identifying Number (if you know it)
M16-2729

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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
ZonMW, The Netherlands Organisation for Health Research and Development	<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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Taxis reports grants from ZonMW, The Netherlands Organisation for Health Research and Development, 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) Grietje Johanna	2. Surname (Last Name) Scheper	3. Date 20-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name H. Wouters
5. Manuscript Title DISCONTINUING INAPPROPRIATE MEDICATION IN NURSING HOME RESIDENTS (DIM-NHR STUDY): A CLUSTER RANDOMIZED CONTROLLED TRIA		
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Are there any relevant conflicts of interest? Yes No

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Dr. Scheper 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)
Froukje

2. Surname (Last Name)
Boersma

3. Date
23-April-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Hans 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)
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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
The Netherlands Organisation for Health Research and Development (ZonMw)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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