



## 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".

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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.

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**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

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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) Jose 2. Surname (Last Name) Ceballos 3. Date 9/15/17
4. Are you the corresponding author?  Yes  No
5. Manuscript Title Partnership between Primary Care and EMS For Assisted Living Residents at the Fall: A prospective cohort study
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.

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

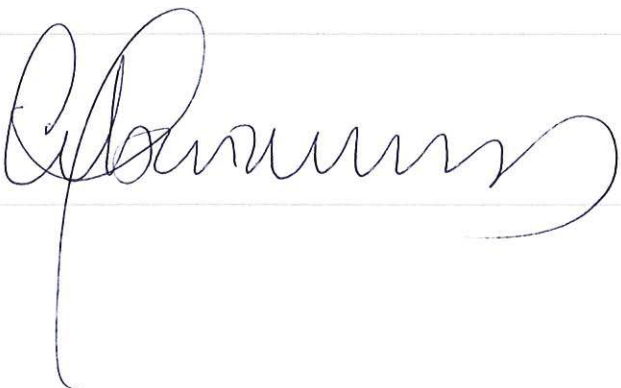
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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 no conflicts.

### 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)<br>Benjamin  | 2. Surname (Last Name)<br>Currie                                    | 3. Date<br>15-September-2017                      |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jefferson Williams |
| 5. Manuscript Title<br>"Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study" |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M17-0969   |   |   |

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Mr Currie 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)  
J Brent

2. Surname (Last Name)  
Myers

3. Date  
19-September-2017

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

5. Manuscript Title  
Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study

6. Manuscript Identifying Number (if you know it)  
M17-0969

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If yes, please fill out the appropriate information below.

| Name of Entity      | Grant?                   | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Envision Healthcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Salary   |

### 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. Myers 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)  
Lawrence

2. Surname (Last Name)  
Brown

3. Date  
16-September-2017

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

5. Manuscript Title  
Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study

6. Manuscript Identifying Number (if you know it)  
M17-0969

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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   |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Wake County Emergency Medical Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dr. Brown was paid for his work on the project through a consultancy arrangement with Wake County EMS. Although we do not believe this constitutes a conflict of interest, we are disclosing it in order to be completely transparent. |

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Are there any relevant conflicts of interest?  Yes  No

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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. Brown reports personal fees from Wake County Emergency Medical Services, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Jefferson

2. Surname (Last Name)  
Williams

3. Date  
18-September-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Bachman

3. Date  
20-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Williams,JG

5. Manuscript Title  
Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study

6. Manuscript Identifying Number (if you know it)  
M17-0969

### 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

## 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)<br>Alan  | 2. Surname (Last Name)<br>Kronhaus                                  | 3. Date<br>22-September-2017                                    |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jefferson G. Williams, M.D., MPH |
| 5. Manuscript Title<br>"Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study" |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M17-0969   |   |   |

### 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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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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As previously disclosed, clinicians (physicians, physician assistants, and/or nurse practitioners) employed by Doctors Making Housecalls, were compensated by Medicare or other insurers, for providing services to patients who were included in the study. None of those clinicians was otherwise involved in any aspect 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)

Arch W.

2. Surname (Last Name)

Jones

3. Date

26-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jefferson G. Williams, MD, MPH

5. Manuscript Title

Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study

6. Manuscript Identifying Number (if you know it)

M17-0969

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Mr. Jones 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)  
Michael

2. Surname (Last Name)  
Lyons

3. Date  
11-October-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Partnership between primary care and emergency medical services for assisted living residents who fall: a prospective cohort study

6. Manuscript Identifying Number (if you know it)  
M17-0969

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