

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Valsdottir 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Valsdottir	3. Date 01-February-2018
4. Are you the cor			Corresponding Author's Name Neel Butala, MD, MBA
5. Manuscript Title Applicability of publicly-reported hospital readmission measures to unreported conditions and patient populations: a cross-sectional all-payer study			
	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	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	submitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	uhts
Do you have any			oadly relevant to the work? Yes V No

Valsdottir 2



Section 5. Relationships not severed above
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Shen 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Shen		Date -February-2018	
4. Are you the cor	responding author?	nor? Yes V No Corresponding Author's Name Robert Yeh			
Applicability of p	5. Manuscript Title Applicability of publicly-reported hospital readmission measures to unreported conditions and patient populations: a cross-sectional all-payer study				
6. Manuscript Ider	ntifying Number (if you kr	now it)			
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Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation) with entities as descri	bed in the instructions. Us	ether you have financial relation se one line for each entity; add se present during the 36 mon		
Are there any rel	evant conflicts of intere	est? Yes ✓ No			
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Section 4.	Intellectual Proper	ty Patents & Copyric	ıhts		
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Shen 2



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Wang 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Yun	Given Name (First Name) 2. Surname (Last Name) Wang		3. Date 16-February-2018		
4. Are you the cor	corresponding author? Yes Vo		Corresponding Author's Name Robert W. Yeh, MD		
5. Manuscript Title Applicability of publicly-reported hospital readmission measures to unreported conditions and patient populations: a cross-sectional all-payer study 6. Manuscript Identifying Number (if you know it) M17-1492					
Section 2.	Section 2. The Work Under Consideration for Publication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No		

Wang 2



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Strom 1



Section 1.	dentifying Inform	ation		
1. Given Name (First Jordan	Name)	2. Surname (Last Name) Strom	3. D 16-0	Date October-2017
4. Are you the corres	e you the corresponding author? Yes Vo		Corresponding Author's Name Robert W. Yeh, MD, MSc	
	spital readmission rat s-sectional all-payer s		onditions to non-reported cond	itions and patient
	fying Number (if you kn	•		
Section 2.	he Work Under Co	onsideration for Public	ation	
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_	ant conflicts of intere		, , , , , , , , , , , , , , , , , , , ,	
Section 4.	ntellectual Proper	ty Patents & Copyrig	hts	
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Strom 2



Section 5. Polytionships not sovered phays			
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kennedy 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) kevin	2. Surname (Last Name) kennedy	3. Date 25-October-2017		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name yeh		
5. Manuscript Title Applicability of hospital readmission rates for publicly-reported conditions to non-reported conditions and patient populations: a cross-sectional all-payer study 6. Manuscript Identifying Number (if you know it) M17-1492				
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kennedy 2



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Wasfy 1



Section 1. Identifying Inform	nation		
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4. Are you the corresponding author?	Yes No		
 Manuscript Title Applicability of hospital readmission rappopulations: a cross-sectional all-payer Manuscript Identifying Number (if you known that it was a cross-sectional all-payer) 	study	litions to non-repor	rted conditions and patient
Section 2. The Work Under C	onsideration for Publicat	:	
Did you or your institution at any time rece 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 pressin	ive payment or services from a tl g but not limited to grants, data r est? Yes No ormation below. If you have n	nird party (governmer monitoring board, stu	dy design, manuscript preparation,
Name of Institution/Company	Grant? Personal Non-F	inancial Other?	Comments
National Institutes of Health	V		KL2 career development award for Dr. Wasfy
Section 3. Relevant financial	activities outside the sub	mitted work.	
Place a check in the appropriate boxes in the appropriate boxes of compensation) with entities as describle clicking the "Add +" box. You should repart there any relevant conflicts of interest.	ibed in the instructions. Use c port relationships that were p ————————————————————————————————————	one line for each ent	tity; add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyright	s	
Do you have any patents, whether plan	ned, pending or issued, broad	dly relevant to the v	vork? Yes No

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Section 5. Polationships not sovered above
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Dr. Wasfy reports grants from National Institutes of Health, during the conduct of the study; .

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Yeh 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Robert	2. Surname (Last Name) Yeh	3. Date 25-October-2017		
4. Are you the corresponding author?	✓ Yes No			
 5. Manuscript Title Applicability of hospital readmission rates for publicly-reported conditions to non-reported conditions and patient populations: a cross-sectional all-payer study 6. Manuscript Identifying Number (if you know it) M17-1492 				
Section 2. The Work Under C	onsideration for Publication			
	eive payment or services from a third party (government, cog g but not limited to grants, data monitoring board, study d est? Yes V No			
Section 3. Relevant financial	activities outside the submitted work.			
of compensation) with entities as descr	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were present during the 36 r est? Yes No	add as many lines as you need by		
Section 4. Intellectual Prope	rty Patents & Copyrights			
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No		

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Kramer 1



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1. Given Name (Fir Daniel	st Name)	2. Surname (Last Name) Kramer	3. Date 26-October-2017			
4. Are you the cor	esponding author?	Yes ✓ No	Corresponding Author's Name Robert W. Yeh			
"Applicability of	5. Manuscript Title "Applicability of hospital readmission rates for publicly-reported conditions to non-reported conditions and patient populations: a cross-sectional all-payer study"					
6. Manuscript Ider	itifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Public	ation			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,			
Continu 3						
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
of compensation) with entities as descri	bed in the instructions. Us	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .			
Are there any rele	evant conflicts of intere	est? Yes ✓ No				
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

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Butala 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Neel	2. Surname (Last Name) Butala	3. Date 31-October-2017		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Applicability of hospital readmission rates for publicly-reported conditions to non-reported conditions and patient populations: a cross-sectional all-payer study 6. Manuscript Identifying Number (if you know it) M17-1492				
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