

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.

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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)

Shantanu

2. Surname (Last Name)

Agrawal

3. Date

17-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Helen Burstin

5. Manuscript Title

Moving to Measures that Matter and Motivate Change

6. Manuscript Identifying Number (if you know it)

M17-1855

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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Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Amir

2. Surname (Last Name)

Qaseem

3. Date

17-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Helen Burstin

5. Manuscript Title

Moving to Measures that Matter and Motivate Change

6. Manuscript Identifying Number (if you know it)

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Dr. Qaseem has nothing to disclose.

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1. Given Name (First Name)
Helen

2. Surname (Last Name)
Burstin

3. Date
05-July-2017

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

5. Manuscript Title
Raising the Bar on Attribution

6. Manuscript Identifying Number (if you know it)
M17-0655

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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
Centers for Medicare and Medicaid Services, Department of Health and Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract to NQF

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Dr. Burstin reports contractual support from Centers for Medicare and Medicaid Services, Department of Health and Human Services, during the conduct of the study.

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