

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.

5. Relationships not covered above.

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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)
D. Clay

2. Surname (Last Name)
Ackerly

3. Date
09-January-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
David C. Grabowski, PhD

5. Manuscript Title
The Care Continuum for Hospitalized Medicare Beneficiaries Near Death

6. Manuscript Identifying Number (if you know it)
M17-2651

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NaviHealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employed as Chief Clinical Officer

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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Section 6. Disclosure Statement

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Dr. Ackerly reports previous employment as Chief Clinical Officer at NaviHealth, a post-acute care management company.

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) Daniel	2. Surname (Last Name) Lage	3. Date 09-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. David C. Grabowski, PhD
5. Manuscript Title The Care Continuum for Hospitalized Medicare Beneficiaries Near Death		
6. Manuscript Identifying Number (if you know it) M17-2651		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lage has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daryl	2. Surname (Last Name) Caudry	3. Date 09-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David C. Grabowski, PhD
5. Manuscript Title The Care Continuum for Hospitalized Medicare Beneficiaries		
6. Manuscript Identifying Number (if you know it) M17-2651		

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Are there any relevant conflicts of interest? Yes No

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Dr. Caudry 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) Nancy	2. Surname (Last Name) Keating	3. Date 08-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Grabowski
5. Manuscript Title The Care Continuum for Hospitalized Medicare Beneficiaries Near Death		
6. Manuscript Identifying Number (if you know it) M17-2651		

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Dr. Keating has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Grabowski

3. Date
08-January-2018

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

5. Manuscript Title
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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
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NaviHealth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member, Scientific Advisory Board
Precision Health Economics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Vivacitas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Grabowski reports grants from National Institute on Aging, during the conduct of the study; personal fees from NaviHealth, personal fees from Precision Health Economics, personal fees from Vivacitas, outside the submitted work; .

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