

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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) Donna	2. Surname (Last Name) Zulman	3. Date 15-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean Yoon
5. Manuscript Title Impact of Primary Care Intensive Management on High-Risk Veterans' Costs and Utilization: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M17-3039		

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Are there any relevant conflicts of interest? Yes No

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Dr. Zulman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Atkins	3. Date 15-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Impact of Primary Care Intensive Management on High-Risk Veterans: Costs and Utilization: A Randomized Controlled Trial"		
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I am a full-time government employee for Department of Veterans Affairs, Office of Research and Development.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Angel	2. Surname (Last Name) Park	3. Date 16-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean Yoon, PhD
5. Manuscript Title Impact of Primary Care Intensive Management on High-Risk Veterans' Costs and Utilization: A Randomized Controlled Trial		
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Ms. Park 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)
Gordon

2. Surname (Last Name)
Schectman

3. Date
25-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jean Yoon

5. Manuscript Title

Impact of Primary Care Intensive Management on High-Risk Veterans' Costs and Utilization: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

M17-3039

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Dr. Schectman has nothing to disclose.

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1. Given Name (First Name) Michael	2. Surname (Last Name) Ong	3. Date 04-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean Yoon
5. Manuscript Title Impact of Primary Care Intensive Management on High-Risk Veterans' Costs and Utilization		
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1. Given Name (First Name) Evelyn	2. Surname (Last Name) Chang	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean Yoon
5. Manuscript Title Impact of Primary Care Intensive Management on High-Risk Veterans' Costs and Utilization: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M17-3039		

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

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Section 6. Disclosure Statement

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Dr. Chang has nothing to disclose.

Evaluation and Feedback

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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) Susan	2. Surname (Last Name) Stockdale	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean Yoon
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) Impact of Primary Care Intensive Management on High-Risk Veter		

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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Dr. Stockdale 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)

Jean

2. Surname (Last Name)

Yoon

3. Date

23-February-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Impact of Primary Care Intensive Management on High-Risk Veterans? Costs and Utilization: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

M17-3039

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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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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Dr. Yoon 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) Lisa

2. Surname (Last Name) Rubenstein

3. Date 27-February-2018

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

5. Manuscript Title "Impact of Primary Care Intensive Management on High-Risk Veterans? Costs and Utilization: A Randomized Controlled Trial"

6. Manuscript Identifying Number (if you know it) M17-3039

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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
Department of Veterans Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funding from VA operations; supported the project not myself personally. I was supported as a VA faculty/staff member.

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Asch	3. Date 27-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean Yoon
5. Manuscript Title Impact of Primary Care Intensive Management on High-Risk Veterans? Costs and Utilization: A Randomized Controlled Trial		
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