

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

James

2. Surname (Last Name)

Wharam

3. Date

20-February-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment

6. Manuscript Identifying Number (if you know it)

M17-3365

### 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.)?

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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. Wharam has nothing to disclose.

### 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)  
Joseph

2. Surname (Last Name)  
Newhouse

3. Date  
16-February-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
J. Frank Wharam

5. Manuscript Title  
Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment

6. Manuscript Identifying Number (if you know it)  
M17-3365

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Aetna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director

### 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. Newhouse reports personal fees from Aetna, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Stephen B.

2. Surname (Last Name)  
Soumerai

3. Date  
16-February-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
James Lopez Bernal

5. Manuscript Title  
Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment

6. Manuscript Identifying Number (if you know it)

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Dr. Soumerai 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)  
Jamie
2. Surname (Last Name)  
Wallace
3. Date  
16-February-2018
4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_
5. Manuscript Title  
Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment
6. Manuscript Identifying Number (if you know it)  
M17-3365

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Dr. Wallace has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Callahan	3. Date 16-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Franklin Wharam
5. Manuscript Title Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment		
6. Manuscript Identifying Number (if you know it) M17-3365		

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Mr. Callahan has nothing to disclose.

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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) Fang	2. Surname (Last Name) Zhang	3. Date 23-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank Wharam
5. Manuscript Title Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment		
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

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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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Dr. Zhang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
xin

2. Surname (Last Name)  
xu

3. Date  
23-February-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Mr. xu has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Dennis	2. Surname (Last Name) Ross-Degnan	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Frank Wharam
5. Manuscript Title Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment		
6. Manuscript Identifying Number (if you know it)		

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Employment by Harvard Pilgrim Health Care, a private non-profit health plan.

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Dr. Ross-Degnan reports employment by Harvard Pilgrim Health Care, a private non-profit health plan.

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### Section 1. Identifying Information

1. Given Name (First Name) Christine	2. Surname (Last Name) Lu	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Macrovascular Disease Diagnosis and Treatment after High-deductible Insurance Enrollment		
6. Manuscript Identifying Number (if you know it) M17-3365		

### 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. Lu has nothing to disclose.

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