

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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Steven	2. Surname (Last Name) Weinberger	3. Date 03-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wendy Nickel
5. Manuscript Title Principles for Patient and Family Partnership in Care: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Weinberger 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)
Sandra

2. Surname (Last Name)
Myerson

3. Date
01-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title

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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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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Myerson 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)
Mitchel

2. Surname (Last Name)
Rothholz

3. Date
01-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
"American College of Physicians Principles for Patient and Family Partnership in Care"

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	wife employee of Merck
American Pharmacists Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee; organization gets grants and sponsorships

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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Mr. Rothholz reports other from Merck (wife employee), other from American Pharmacists Association (his employer), outside the submitted work .

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Section 1. Identifying Information

1. Given Name (First Name)

Donna

2. Surname (Last Name)

Sweet

3. Date

01-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Principles for Patient and Family Partnership in Care

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jan

2. Surname (Last Name)

Carney

3. Date

05-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M17-2441

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If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>I receive royalties from textbooks: Carney, Jan K. 2006. Public Health in Action: Practicing in the Real World and Carney, Jan K. 2016. Controversies in Public Health and Health Policy, Jones & Bartlett Learning, Burlington, Massachusetts, USA.</p> <p>I received travel reimbursement only (with no honorarium) for an educational presentation in fall 2016 entitled "Health and Wellness: Strategies to Improve Population Health and Reduce Costs," to the TIAA HRLX group, a consortium of senior human resource and benefits leaders.</p>

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. Carney reports personal fees and other from null, outside the submitted work; .

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American College of Physicians
Conflict of Interest Disclosure Statement for CME Faculty, Authors, Members of Planning Committees and Staff

Name of Activity Patient Priorities Care project Date Ongoing Location: Various

It is the policy of the American College of Physicians (ACP) to ensure balance, independence, objectivity and scientific rigor in all its educational activities. A conflict of interest exists when an individual or their spouse/partner has a financial relationship with a commercial interest. These relationships are defined as financial relationships in any amount occurring within the past 12 months with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. All faculty, authors, members of planning committees and staff participating in any ACP educational activities are therefore expected to disclose all financial relationships. The principal intent of this disclosure is not to prevent an individual with such relationships from participating in the activity. Disclosure is required so that the planning committee, course director, and/or staff can resolve these conflicts and so that participants may be informed and form their own judgments about the activity in the light of full disclosure of the facts.

Faculty, authors, members of planning committees and staff should utilize the best available evidence when developing the content of the activity. Participants will be asked to evaluate the objectivity of the presentation or publication and to identify any perceived commercial bias.

Section 1: I have read the above and I declare the following:

I have no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. *(Skip to Section 3)*

I have a relationship with an entity(s) producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients as noted below. *(Complete Sections 1, 2, & 3)*

(Please indicate the companies with whom you have a relationship and the nature of your role below.)

Type of Relationship	Name of Organization	Type of Relationship	Name of Organization
Employment	_____	Consultantship	_____
Stock Options/Holdings	_____	Patent Owner	_____
Research Grants/Contracts	_____	Speakers Bureau	_____
Royalties	_____	Other	_____
Honoraria	_____	If you need additional space, please attach a separate sheet.	

Section 2: The relationships above are not relevant to the topic I will be discussing.

One or more of the above relationships are relevant to the topic and content of my presentation. Complete A & B.

A. Company or companies.

B. Please provide one or two evidence-based bibliographic citations relevant to your discussion of product(s) produced by the companies with which there is a potential conflict of interest.

Section 3: I hereby accept the invitation to participate as: Faculty Author Staff Planning Committee Member

(Check all that apply.)

Due to a conflict of interest, I decline to participate at this time.

Name *(Please print)* Libby Hoy

Signature  Date 10.12.17

I understand that the information I provide on this form will be made known to the planners and participants of the educational activity.

Please note: It is the responsibility of faculty and authors to inform participants of any discussion of unapproved or investigative use of a commercial product or device during the activity or, if applicable, in response to questions posed by the participants. Faculty and authors should use generic names whenever possible. If trade names will be used, those from several companies should be used.

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.

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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)
Wendy

2. Surname (Last Name)
Nickel

3. Date
01-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
American College of Physicians Principles for Patient and Family Partnership in Care

6. Manuscript Identifying Number (if you know it)
M18-0018

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.

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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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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) Daniel 2. Surname (Last Name) Sands 3. Date 09-March-2018

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

5. Manuscript Title
American College of Physicians Principles for Patient and Family Partnership in Care

6. Manuscript Identifying Number (if you know it)
M18-0018

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Conversa Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Kinergy Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
SP Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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 1. Identifying Information

1. Given Name (First Name)

2. Surname (Last Name)

3. Date

4. Are you the corresponding author?

 Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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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?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Doron

2. Surname (Last Name) _____
Schneider

3. Date _____
22-August-2018

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

5. Manuscript Title _____
American College of Physicians Principles for Patient and Family Partnership in Care

6. Manuscript Identifying Number (if you know it) _____

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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
Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Novo Nordisk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant -Speaker
Intarcia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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. Schneider reports personal fees from Lilly, personal fees from Novo Nordisk, personal fees from Intarcia, 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) Phyllis	2. Surname (Last Name) Guze	3. Date 05-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wendy Nichol
5. Manuscript Title ACP's Principles for Patient and Family Partnership in Care.		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Sweeney

3. Date

3/14/18

4. Are you the corresponding author?

Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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