

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.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Information							
1. Given Name (Fi Joseph	rst Name)	2. Surnar Ross	me (Last Nar	ne)	3. Date 13-April-2018			
4. Are you the cor	Yes	√ No	Correspond Sanket Dh	-	or's Name			
5. Manuscript Title Fulfilling the Pro	e mise of Unique Device	e Identifiers						
6. Manuscript Ide M18-0526	ntifying Number (if you k	now it)						
	ı							
Section 2.	The Work Under C	onsidera	tion for P	ublication				
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 Yes								
Section 3. Relevant financial activities outside the submitted work.								
of compensation	n) with entities as desci	ribed in the	instruction	ns. Use one line fo	or each er	cial relationships (regardless of amo ntity; add as many lines as you need a 36 months prior to publication .		
•	evant conflicts of inter out the appropriate inf			No				
Name of Entity		Grant?	Personal Fees	Non-Financial Support?	Other?	Comments		
Food and Drug Admi	nistration (FDA)	✓				Dr. Ross receives support from the Food and Drug Administration (FDA) through a research grant to determine best practices in medical device post-market surveillance.		
Medtronic, Inc.		✓				Dr. Ross receives support from Medtronic, Inc. through a research grant to determine best practices in medical device post-market surveillance.		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson & Johnson	√				Dr. Ross receives support from Johnson & Johnson through the Yale University Open Access Data project to develop methods to promote clinical trial data sharing.
Centers for Medicare and Medicaid Services (CMS)	✓				Dr. Ross receives support through a contract with the Centers for Medicare and Medicaid Services (CMS) to develop and maintain performance measures that are used to publicly report hospital and physician quality of care.
Blue Cross-Blue Shield Association (BCBSA)	✓				Dr. Ross received support from the Blue Cross-Blue Shield Association (BCBSA) through a research grant to better understand medical technology evidence generation.
Food and Drug Administration (FDA)	✓				Dr. Ross receives support from the Food and Drug Administration (FDA) through a research grant to establish the Yale-Mayo Clinic Center for Excellence in Regulatory Science and Innovation (CERSI).
Agency for Healthcare Research and Quality (AHRQ)	✓				Dr. Ross receives support from the Agency for Healthcare Research and Quality (AHRQ) through a research grant to study patient, hospital and community factors associated with readmission risk.
Laura and John Arnold Foundation	✓				Dr. Ross receives support from the Laura and John Arnold Foundation through a research grant to support the Good Pharma Scorecard.
National Institutes of Health (NIH/NHLBI)	✓				Dr. Ross receives support from the National Institutes of Health (NIH/ NHLBI) through a research grant to study the diffusion of clinical evidence into practice.
Laura and John Arnold Foundation	✓				This project was supported by a grant from the Laura and John Arnold Foundation to support the Collaboration for Research Integrity and Transparency (CRIT) at Yale.



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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. Ross reports grants from Food and Drug Administration (FDA), grants from Medtronic, Inc., grants from Johnson & Johnson, grants from Centers for Medicare and Medicaid Services (CMS), grants from Blue Cross-Blue Shield Association (BCBSA), grants from Food and Drug Administration (FDA), grants from Agency for Healthcare Research and Quality (AHRQ), grants from Laura and John Arnold Foundation, grants from National Institutes of Health (NIH/NHLBI), grants from Laura and John Arnold Foundation, outside the submitted work; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$



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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Information	ation								
1. Given Name (First Name) Harlan	2. Surnar Krumho	me (Last Nar Iz	ne)		3. Date 12-April-2018				
4. Are you the corresponding author? Yes No									
5. Manuscript Title Fulfilling the Promise of Unique Device I	dentifiers								
6. Manuscript Identifying Number (if you known M18-0526	ow it)								
Section 2. The Work Under Co	nsidera	tion for P	ublication						
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 V No									
Section 3. Relevant financial a	ctivities	outside	the submitted	work.					
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest.	oed in the ort relatio	instruction onships tha	ns. Use one line fo	or each er	ntity; add as many lines as you need by				
If yes, please fill out the appropriate info	لــــا		NO						
Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments				
Johnson & Johnson (Janssen) and Medtronic				√	Research agreement, through Yale, to develop methods of clinical trial data sharing				
United Health		✓			Chair, Cardiac Scientific Advisory Board				
Hugo				√	Founder of Hugo, a personal health information platform.				
IBM Watson Health		✓			Participant/participant representative on the Life Sciences Board				
Element Science		\checkmark			Member, Advisory Board				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Aetna		√			Member, Physician Advisory Board
Centers for Medicare & Medicaid Services				✓	Contracts to develop and maintain measures of hospital performance
Medtronic and the Food and Drug Administration	✓				Research grant, through Yale, to develop methods for post-market surveillance of medical devices
Section 4. Intellectual Propert	y Pate	ents & Cop	oyrights		
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No
Section 5. Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				influence	d, or that give the appearance of
Yes, the following relationships/cond	itions/cir	cumstance	s are present (exp	olain belo	ow):
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.	n will auto	omatically (generate a disclos	sure state	ement, which will appear in the box
Dr. Krumholz reports other from Johnson Hugo, personal fees from IBM Watson He Centers for Medicare & Medicaid Service submitted work; .	ealth, per	sonal fees	from Element Scie	ence, per	sonal fees from Aetna, other from



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Dhruva 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Sanket	2. Surname (Last Name) Dhruva		3. Date 12-April-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Harlan M. Krumholz, MD, SM		
5. Manuscript Title Fulfilling the Promise of Unique Device	Identifiers			
6. Manuscript Identifying Number (if you kr M18-0526	now it)			
Section 2. The Work Under C	onsideration for Public	cation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere		ita monitoring board, st	udy design, manuscript preparation,	
Section 3. Relevant financial	activities outside the	submitted work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	bed in the instructions. Us	se one line for each er	ntity; add as many lines as you need by	
Are there any relevant conflicts of interest	est? ✓ Yes No			
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant	n-Financial Other?	Comments	
Food & Drug Administration, Center for Drug Evaluation and Research			Reimbursement for travel only	
Section 4. Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes 🗸 No	

Dhruva 2



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Dr. Dhruva reports other from Food & Drug Administration, Center for Drug Evaluation and Research, outside the submitted work; .

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Schulz 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Wade	2. Surname (Last Name) Schulz		3. Date 14-April-2018		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Harlan Krumholz			
5. Manuscript Title Fulfilling the Promise of Unique Device	Identifiers				
6. Manuscript Identifying Number (if you kn M18-0526	ow it)				
Section 2. The Work Under Co	onsideration for Publi	cation			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, d		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,		
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If yes, please fill out the appropriate info					
Name of Entity	Grant? Personal No	n-Financial Other?	Comments		
Hugo Health			Consulting fees, technical development of a personal health record and patient-centered research platform		
Section 4. Intellectual Proper	ty Patents & Copyri	ghts			
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Schulz 2



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Dr. Schulz reports personal fees from Hugo Health, outside the submitted work.

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Schulz 3