

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

Pawar 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Ajinkya	rst Name)	2. Surname (Last Name) Pawar		3. Date 10-May-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar	me
5. Manuscript Title Variation in pres		retail pharmacy type: a na	ational level cross-sectional	study
6. Manuscript Ider M18-1138	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any			roadly relevant to the work?	☐ Yes 🗸 No

Pawar 2



Section 5. Relationships not covered above
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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 statement 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. Pawar has nothing to disclose.

Evaluation and Feedback

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Pawar 3



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

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administrative support, etc. Kesselheim



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Given Name (First Name) Aaron	2. Surnai Kesselhe	me (Last Nar eim	ne)		3. Date 19-September-2018	
4. Are you the corresponding author?	Yes	√ No	Correspond Dr. Luo	ding Autho	r's Name	
5. Manuscript Title Variation in prescription drug prices by	retail pha	rmacy type	: a national level	cross-sect	ional study	
6. Manuscript Identifying Number (if you kn M18-1138	ow it)					
Section 2. The Work Under Co	onsidera	tion for P	ublication			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?						for
Are there any relevant conflicts of interes	est?	Yes ✓	No			
Section 3. Relevant financial	activities	s outside '	the submitted	work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the	instruction	ns. Use one line fo	or each en	tity; add as many lines as you need b	
Are there any relevant conflicts of interes	est? ✓	Yes	No			
If yes, please fill out the appropriate info	rmation b	elow.				
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
larvard-MIT Center for Regulatory Science	✓				Dr. Kesselheim is supported by an Ignition Award from the HiTS Program	
rnold Ventures	✓				Dr. Kesselheim's work is funded by the Laura and John Arnold Foundation	
ngelberg Foundation	✓				Dr. Kesselheim's work is funded by a grant from the Engelberg Foundation	

Kesselheim 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
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Dr. Kesselheim reports grants from Harvard-MIT Center for Regulatory Science, grants from Arnold Ventures, grants from Engelberg 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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Kulldorff



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Martin	, ,	2. Surname (Last Name) Kulldorff	3. Date		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Jing Luo		
5. Manuscript Title Variation in pres		retail pharmacy type: a	national level cross-sectional study		
6. Manuscript Ide	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Pub	lication		
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.		
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. port relationships that w	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.		
Section 4.	Intellectual Prope	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to the work? ☐ Yes ✓ No		

Kulldorff 2



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Luo 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Jing	2. Surname (Last Name) Luo	3. Date 27-June-2019		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Variation in prescription drug prices by	retail pharmacy type: a national level cross-sectional	l study		
6. Manuscript Identifying Number (if you kr	now it)			
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of compensation) with entities as descri	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 r est?	add as many lines as you need by		
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Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	?		

Luo 2



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Alosa Health, Joh	nn and Laura Arnold Foundation
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Dr. Luo reports s	salary support from Alosa Health and the Laura and John Arnold Foundation, outside of the submitted work.

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Sarpatwari 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Ameet	2. Surname (Last Name) Sarpatwari	3. Date 28-June-2019			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jing Luo			
5. Manuscript Title Variation in prescription drug prices by	retail pharmacy type: a na	ational level cross-sectional study			
6. Manuscript Identifying Number (if you kn M18-1138	ow it)				
Continu 2					
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Are there any relevant conflicts of intere					
If yes, please fill out the appropriate info	ormation below.				
Name of Entity	Grant? Personal Nor	n-Financial Other? Comments			
Arnold Ventures	✓				
Anthem Public Policy Institute	✓				
Open Society Foundations	✓				
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Do you have any patents, whether plani	ned, pending or issued, br	roadly relevant to the work? Yes 🗸 No			

Sarpatwari 2



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