

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jennife

2. Surname (Last Name)
MacKenzie

3. Date
14-October-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Using Publicly Reported Cost Information During Clinical Visits for Low Back Pain: A Qualitative Study of Providers and Patients

6. Manuscript Identifying Number (if you know it)
M18-2223

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

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Section 6. Disclosure Statement

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Ms. MacKenzie 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)

Kimberley

2. Surname (Last Name)

Fox

3. Date

15-October-2018

4. Are you the corresponding author?

☒

Yes

☐

No

5. Manuscript Title

Using Publicly Reported Cost Information During Clinical Visits for Low Back Pain: A Qualitative Study of Providers and Patients

6. Manuscript Identifying Number (if you know it)

M18-2223

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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Ms. Fox has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Martha

2. Surname (Last Name)
Elbaum Williamson

3. Date
15-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kimberley S. Fox

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carolyn

2. Surname (Last Name)
Gray

3. Date
28-September-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Using Publicly Reported Cost Information During Clinical Visits for Low Back Pain: A Qualitative Study of Providers and Patients

6. Manuscript Identifying Number (if you know it)
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