

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Pizer	3. Date 30-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Austin Frakt
5. Manuscript Title Testing New Payment and Delivery Approaches Through the Veterans Health Administration's New Center for Innovation		
6. Manuscript Identifying Number (if you know it) M18-2225		

### 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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Dr. Pizer 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)  
Austin

2. Surname (Last Name)  
Frakt

3. Date  
29-October-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Testing Novel Payment and Delivery Approaches through the Veterans Health Administration's New Center for Innovation

6. Manuscript Identifying Number (if you know it)  
M18-2225

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Dr. Frakt has nothing to disclose.

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1. Given Name (First Name) Carolyn	2. Surname (Last Name) Clancy	3. Date 19-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Austin B. Frakt
5. Manuscript Title Testing Novel Payment and Delivery Approaches through the Veterans Health Administration's New Center for Innovation		
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1. Given Name (First Name) Kyle	2. Surname (Last Name) Sheetz	3. Date 29-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steven Pizer
5. Manuscript Title Testing Novel Payment and Delivery Approaches through the Veterans Health Administration's New Center for Innovation		
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