

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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) Callie	2. Surname (Last Name) Walsh-Bailey	3. Date 25-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Clinical workflow requirements for cost-of-care conversations: human-centered design study		
6. Manuscript Identifying Number (if you know it) M18-2227		

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

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Ms. Walsh-Bailey has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Schneider

3. Date

25-September-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nora B. Henrikson

5. Manuscript Title

Clinical workflow requirements for cost-of-care conversations: human-centered design study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Schneider 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) Stephanie 2. Surname (Last Name) Hodge 3. Date 20-September-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr. Nora Henrikson

5. Manuscript Title
Clinical workflow requirements for cost-of-care conversations: human-centered design study

6. Manuscript Identifying Number (if you know it)
M18-2227

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. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Hodge reports grants from Robert Wood Johnson Foundation during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew

2. Surname (Last Name) Banegas

3. Date 20-September-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Dr. Nora Henrikson

5. Manuscript Title Clinical workflow requirements for cost-of-care conversations: human-centered design study

6. Manuscript Identifying Number (if you know it) M18-2227

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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
AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution. For research outside of the scope of this work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Banegas reports grants from AstraZeneca, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Leah	2. Surname (Last Name) Tuzzio	3. Date 21-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nora Henrikson
5. Manuscript Title Clinical workflow requirements for cost-of-care conversations: human-centered design study		
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1. Given Name (First Name)
Nora

2. Surname (Last Name)
Henrikson

3. Date
20-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical workflow requirements for cost-of-care conversations: human-centered design study

6. Manuscript Identifying Number (if you know it)
M18-2227

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Are there any relevant conflicts of interest? Yes No

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Dr. Henrikson has nothing to disclose.

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2. The work under consideration for publication.

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1. Given Name (First Name) Catherine	2. Surname (Last Name) Lim	3. Date 22-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nora Henrikson
5. Manuscript Title Clinical workflow requirements for cost-of-care conversations: human-centered design study		
6. Manuscript Identifying Number (if you know it) M18-2227		

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name) Aaron	2. Surname (Last Name) Scrol	3. Date 24-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nora Henrikson
5. Manuscript Title Workflow requirements for cost-of-care conversations in outpatient settings providing oncology or primary care: a qualitative, human-centered design study		
6. Manuscript Identifying Number (if you know it) M18-2227		

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