

#### **Instructions**

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

Walsh-Bailey 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fire Callie	1. Given Name (First Name) 2. Surname (La					3. Date 25-Septemb	per-2018
4. Are you the corresponding author?		Yes	✓ No	Corresponding A	Author's Nan	ne	
5. Manuscript Title Clinical workflow requirements for cost-of-care conversations: hu			man-centered de	esign study			
6. Manuscript Iden M18-2227	tifying Number (if you kn	ow it)					
Section 2.	The Work Under Co	onsideratio	on for Public	ation			
any aspect of the su statistical analysis, e	titution <b>at any time</b> recei ubmitted work (including etc.)? evant conflicts of intere	but not limite	ed to grants, dat				
Section 3.	Relevant financial a	activities o	utside the s	ubmitted work	k.		
of compensation) clicking the "Add	he appropriate boxes in with entities as descril +" box. You should repevant conflicts of intere	bed in the ir port relations	structions. Us ships that were	e one line for eac	ch entity; a	dd as many li	ines as you need by
Section 4.	Intellectual Disease	tur Daton	ta 9 Campuin	han			
	Intellectual Proper	ty Paten	t <del>s &amp; Copyri</del> g	nts			
Do you have any	patents, whether planr	ned, pending	g or issued, bro	oadly relevant to	the work?	Yes	<b>✓</b> No

Walsh-Bailey 2



Section 5. Relationships not sovered above
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):
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Ms. Walsh-Bailey has nothing to disclose.

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Schneider 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Jennifer	st Name)	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		of-care conversations: hu	man-centered design study
6. Manuscript Iden	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the su statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, 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 wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts
Do you have any	•		roadly relevant to the work? Yes V No

Schneider 2



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Dr. Schneider has nothing to disclose.

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Hodge 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Stephanie	rst Name)	2. Surname (Last Name Hodge	)	3. Date 20-Sept	ember-2018
4. Are you the corresponding author?		Yes ✓ No	Yes ✓ No Corresponding Author's Name Dr. Nora Henrikson		
5. Manuscript Title Clinical workflow		-of-care conversations:	human-centere	ed design study	
6. Manuscript Ider M18-2227	ntifying Number (if you kn	now it)			
	ı				
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	est? Yes No prmation below. If you h	data monitoring	g board, study design, man	private foundation, etc.) for suscript preparation,  DD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Robert Wood Johnso	n Foundation	<b>✓</b>			
	l				
Section 3.	Relevant financial	activities outside th	e submitted v	work.	
of compensation clicking the "Add Are there any rel	) with entities as descri   +" box. You should repevant conflicts of intere	ibed in the instructions. port relationships that v est? Yes ✓ No	Use one line fo vere <b>present d</b> o		os (regardless of amount any lines as you need by <b>rior to publication</b> .
Section 4.	Intellectual Proper	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly releva	nt to the work? Yes	s ✓ No

Hodge 2



Section 5.					
Section 5.	Relationships not covered above				
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):				
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Ms. Hodge repo	rts grants from Robert Wood Johnson Foundation during the conduct of the study.				

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Banegas 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fir Matthew	rst Name)	2. Surnar Banegas	ne (Last Nan	ne)		3. Date 20-September-2018
4. Are you the corresponding author?		Yes	Yes ✓ No Corresponding Author's Nan Dr. Nora Henrikson			
5. Manuscript Title Clinical workflow	e requirements for cost	-of-care co	nversation	s: human-center	ed design	study
6. Manuscript Ider M18-2227	ntifying Number (if you kr	now it)				
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any aspect of the si statistical analysis, Are there any rele If yes, please fill of	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info	but not limest?	nited to gran Yes U	its, data monitoring	board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ty press the "ADD" button to add a row.
Name of Institut	oe removed by pressing	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Section 3.	Relevant financial	activities	outside t	the submitted	work.	
of compensation	) with entities as descri	bed in the	instruction	ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .
Are there any rele	evant conflicts of intere	est? ✓ `	res 🔲	No		
If yes, please fill out the appropriate information below.						
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca		<b>✓</b>				Paid to institution. For research outside of the scope of this work.

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

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Tuzzio 1



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1. Given Name (Fi Leah	rst Name)	2. Surname (Last Name) Tuzzio	3. Date 21-September-2018					
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Nora Henrikson					
5. Manuscript Title Clinical workflow		:-of-care conversations: hu	man-centered design study					
6. Manuscript Ide	ntifying Number (if you kr	now it)						
Section 2.	Section 2. The Work Under Consideration for Publication							
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,					
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

Henrikson 1



Section 1. Identifying Inform	nation					
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 kr M18-2227	now it)					
Section 2. The Work Under C	onsideration for Publication					
	eive payment or services from a third party (government, cog g but not limited to grants, data monitoring board, study d est? Yes V No					
Section 3. Relevant financial	activities outside the submitted work.					
of compensation) with entities as descr	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36</b> rest? Yes No	add as many lines as you need by				
Section 4. Intellectual Proper	rty Patents & Copyrights					
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	x?				

Henrikson 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Henrikson has nothing to disclose.

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Lim 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Catherine	2. Surname (Last Name) Lim	3. Date 22-Octobe	r-2018		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nora Henrikson			
5. Manuscript Title Clinical workflow requirements for cost	-of-care conversations: hu	man-centered design study			
6. Manuscript Identifying Number (if you kr M18-2227	now it)				
		-			
Section 2. The Work Under Co	onsideration for Public	ation			
Did you or your institution <b>at any time</b> 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 s	ubmitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4. Intellectual Property					
Intellectual Proper	rty Patents & Copyric	hts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes	✓ No		

Lim 2



Soction F				
Section 5.	elationships 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):				
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	script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Is may ask authors to disclose further information about reported relationships.			
Section 6. Di	isclosure Statement			
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box			

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

Scrol 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Aaron	2. Surname (Last Name) Scrol	3. Date 24-January-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Nora Henrikson
<ol> <li>Manuscript Title</li> <li>Workflow requirements for cost-of-care qualitative, human-centered design stu</li> <li>Manuscript Identifying Number (if you kr)</li> <li>M18-2227</li> </ol>	ıdy	nt settings providing oncology or primary 4 care: a
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan		

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