

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Jie	2. Surname (Last Name) Zhou, PhD	3. Date 01-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Variation among Primary Care Physicians in 30-Day Readmission		
6. Manuscript Identifying Number (if you know it) M18-2526		

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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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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Dr. Zhou has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Goodwin

3. Date
08-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Variation among Primary Care Providers in 30-Day Readmission

6. Manuscript Identifying Number (if you know it)
M18-2526

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
National Institutes of Health	<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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Dr. Goodwin reports grants from National Institutes of Health, during the conduct of the study; .

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1. Given Name (First Name)
Ann

2. Surname (Last Name)
Nattinger

3. Date
08-March-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Siddhartha Singh

5. Manuscript Title
Variation among Primary Care Physicians in 30-Day Readmissions

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National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	subcontract from UTMB

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yong-Fang	2. Surname (Last Name) Kuo	3. Date 10-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siddhartha Singh
5. Manuscript Title Variation among Primary Care Physicians in 30-Day Readmissions		
6. Manuscript Identifying Number (if you know it) M18-2526		

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Dr. Kuo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Siddhartha

2. Surname (Last Name)
Singh

3. Date
18-March-2019

4. Are you the corresponding author? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees for a project on improving the quality of care for patients with asthma.

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Dr. Singh reports personal fees from Astra Zeneca, outside the submitted work; .

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