

Instructions

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Identifying information.

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4. Intellectual Property.

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

Relationships not covered above.

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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

Curtis 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jeptha	2. Surname (Last Name) Curtis		3. Date 06-December-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth Isuru Ranasinghe	or's Name
5. Manuscript Title Institutional Variation in Quality of Card	diovascular Implantable El	ectronic Device Impla	antation: An Observation Cohort Study
6. Manuscript Identifying Number (if you k	now it)	_	
Section 2. The Work Under C	onsideration for Publi	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d		ent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.	
	ibed in the instructions. Uport relationships that we est?	se one line for each e	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Name of Entity	Grant? Personal No	n-Financial Support?	Comments
Center for Medicare and Medicaid Services CMS)			salary support for measure development
American College of Cardiology (ACC)			salary support for analytic services
Medtronic			equity ownership
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the	e work? ☐ Yes 🗸 No

Curtis 2



Section 5.	
Section 5.	Relationships not covered above
	elationships 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):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	s other from Center for Medicare and Medicaid Services (CMS), other from American College of Cardiology in Meditronic, outside the submitted work;

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Curtis 3



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McGavigan 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Andrew	rst Name)	2. Surname (Last Name) McGavigan		3. Date 10-December-2018		
4. Are you the cor	responding author?	Yes ✓ No Corresponding Author's Name Ganesan				
5. Manuscript Titl Institutional Var		diovascular Implantable E	Electronic Device Impl	antation: An Observation Cohort Study		
6. Manuscript Ide M18-2810	ntifying Number (if you k	now it)				
Section 2.						
Section 2.	The Work Under C	Consideration for Publ	lication			
any aspect of the s statistical analysis,	submitted work (includin	g but not limited to grants, o		nent, commercial, private foundation, etc.) for study design, manuscript preparation,		
Section 3.						
Section 5.	Relevant financia	l activities outside the	submitted work.			
of compensation clicking the "Add Are there any re	n) with entities as desc	ribed in the instructions. It is port relationships that wast?	Use one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication .		
Name of Entity		Grant? Personal No	on-Financial Other	? Comments		
Abbott				Advisory Board and Speaker Fees		
Biotronik		✓		Research Grant		
Medtronic		✓		Research Grant		
Boston Scientific				Advisory Board and Speaker Fees		

McGavigan 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. 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):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Dr. McGavigan reports personal fees from Abbott, grants from Biotronik, grants from Medtronic, personal fees from Boston Scientific, outside the submitted work; .

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Section 1. Identifying Inform	ation						
1. Given Name (First Name) Harlan	2. Surname (Last Na Krumholz	ame)	3. Date 06-Dec	ember-2018			
4. Are you the corresponding author?	Yes ✓ No	-	Corresponding Author's Name Isuru Ranasinghe				
5. Manuscript Title Institutional Variation in Quality of Card	iovascular Implanta	ble Electronic Dev	ice Implantation: An Ob	oservation Cohort Study			
6. Manuscript Identifying Number (if you kn M18-2810	ow it)						
Section 2. The Work Under Co	onsideration for I	Publication					
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to gra						
Section 3. Relevant financial a	activities outside	the submitted	work.				
Place a check in the appropriate boxes in of compensation) with entities as describ clicking the "Add +" box. You should rep	bed in the instruction	ons. Use one line fo	or each entity; add as m	any lines as you need by			
Are there any relevant conflicts of intere	st? ✓ Yes	No					
If yes, please fill out the appropriate info	rmation below.	1					
Name of Entity	Grant? Persona	Non-Financial Support	Other? Comments				
JnitedHealth			Chair, Cardiac S	Scientific Advisory			
Hugo			Founder of Huinformation pla	go, a personal health atform.			
BM Watson Health			Participant/par on the Life Scie	rticipant representative ences Board			
Element Science			Member, Advis	ory Board			
Aetna			Member, Physi	cian Advisory Board			
Centers for Medicare & Medicaid Services				evelop and maintain ospital performance			



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Medtronic and the Food and Drug Administration	✓				Research grant, through Yale, to develop methods for post-market surveillance of medical devices
Medtronic and Johnson and Johnson	✓				Research grant, through Yale, to develop methods of clinical trial data sharing
Section 4. Intellectual Propert	y Pate	ents & Cop	oyrights		
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No
Section 5. Relationships not c	overed	above			
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Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.		omatically (generate a disclos	sure state	ement, which will appear in the box
Dr. Krumholz reports personal fees from fees from Element Science, personal fees from Medtronic and the Food and Drug submitted work.	s from Ae	tna, contra	cts with the Cent	ers for Me	edicare & Medicaid Services, grants



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Ganesan 1



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1. Given Name (Fi Anand	rst Name)	2. Surname (Last Name) Ganesan	3. Date 07-December-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Dr Isuru Ranasinghe
5. Manuscript Title Institutional Vari		diovascular Implantable El	ectronic Device Implantation: An Observation Cohort Study
6. Manuscript Ider M18-2810	ntifying Number (if you kr	now it)	_
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of compensation clicking the "Add Are there any rel) with entities as descr	ibed in the instructions. U port relationships that we est?	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Name of Entity		Grant	n-Financial Other? Comments
Bayer			Minor
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts
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Ganesan 2



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Dr. Ganesan reports minor personal fees from Bayer, outside the submitted work; .

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Labrosciano 1



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Given Name (First Name) Clementine	2. Surname (Last Name) Labrosciano	3. Date 09-December-2018
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Isuru Ranasinghe
5. Manuscript Title Institutional Variation in Quality of Ca	rdiovascular Implantable Ele	ectronic Device Implantation: An Observation Cohort Study
6. Manuscript Identifying Number (if you M18-2810	know it)	
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Labrosciano 2



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Ranasinghe 1



Section 1.	Identifying Inform	ation				
	identifying inform	ation				
1. Given Name (Fi	rst Name)	2. Surname (Last Na Ranasinghe	me)		3. Date 18-January-2019	
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Institutional Vari Study		iovascular Implanta	ble Electronic Dev	vice Implantat	tion: An Observational Cohort	
6. Manuscript Ider M18-2810	ntifying Number (if you kn	ow it)				
Section 2.						
Section 2.	The Work Under Co	onsideration for F	Publication			
	ubmitted work (including				commercial, private foundation, etc.) design, manuscript preparation,	for
Are there any rel	evant conflicts of intere	est? 🗸 Yes	No			
	out the appropriate info be removed by pressing		ou have more thai	n one entity p	oress the "ADD" button to add a ro)W.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? C	omments	
The Hospitals Contrik Australia Research Fo	oution Fund (HCF) of oundation	✓		Gra	ant ID IRUA2015149	
Γhe National Heart Fo	oundation of Australia	✓		Gra	ant ID 101188	
The Hospital Researc	h Foundation	✓				
	ı					
Section 3.	Relevant financial	activities outside	the submitted	work.		
of compensation clicking the "Add) with entities as descri	bed in the instruction ort relationships the	ns. Use one line f	or each entity	relationships (regardless of amou y; add as many lines as you need b 5 months prior to publication .	
Section 4.	lotelle to IR	. D				
Section ii	Intellectual Proper	ty Patents & Co	pyrights			
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly releva	ant to the wo	rk? ☐ Yes 🗸 No	

Ranasinghe 2



Cartion F	
Section 5.	Relationships not covered above
	elationships 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 follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	reports grants from The Hospitals Contribution Fund (HCF) of Australia Research Foundation, grants from art Foundation of Australia, grants from The Hospital Research Foundation, during the conduct of the

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Ranasinghe 3



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Horton 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Horton	3. Date 18-January-2019	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Isuru Ranasinghe	
5. Manuscript Title Institutional Variation in Quality of Cardiovascular Implantable Electronic Device Implantation: An Observational Cohort Study			ectronic Device Implantation: An Observational Cohort	
6. Manuscript Ider M18-2810	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	bed 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 e present during the 36 months prior to publication .	
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		ty Patents & Copyrig		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Horton 2



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Relationships not covered above
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patent

Hossain 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Sadia	2. Surname (Last Name) Hossain		. Date 6-January-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr Isuru Ranasinghe	2
5. Manuscript Title Institutional Variation in Quality of Card	liovascular Implantable El	ectronic Device Implantation:	An Observation Cohort Study
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the	submitted work.	
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Section 4. Intellectual Proper			
Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	Yes ✓ No

Hossain 2



Section 5. Relationships not severed above
Relationships not covered above
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Air 1



Section 1.	Identifying Inform	ation	
1. Given Name (Firs	st Name)	2. Surname (Last Name) Air	3. Date 18-January-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Isuru Ranasinghe
5. Manuscript Title Institutional Variation in Quality of Cardiovascular Implantable Ele		iovascular Implantable Ele	ectronic Device Implantation: An Observation Cohort Study
6. Manuscript Ident M18-2810	tifying Number (if you kn	ow it)	
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Section 2.	The Work Under Co	onsideration for Public	cation
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Do you have any բ	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No

Air 2



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

Hariharaputhiran 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) saranya	2. Surname (Last Name) Hariharaputhiran	3. Date 18-January-2019			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Institutional Variation in Quality of Cardiovascular Implantable Electronic Device Implantation: An Observational Cohort Study					
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any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ive payment or services from a third party (government, cogo but not limited to grants, data monitoring board, study doest?				
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of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 r est? Yes Vo	add as many lines as you need by			
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intellectual Propel	rty Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

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