

#### **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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# 4. Intellectual Property.

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

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earning royalties or not

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



Section 1. Identifying	; Information	
Given Name (First Name)  Richard	2. Surname Shiffman	3. Date Jan 5, 2019
4. Are you the corresponding aut	nor? Yes X No	
<ul><li>5. Manuscript Title</li><li>6. Developing and Testing the to Trustworthy Standards (N</li></ul>		🍫 National Guideline Clearinghouse Extent of Adherence
7. Manuscript Identifying Numbe	(if you know it)	
Section 2. The Work	Under Consideration for Publication	
for any aspect of the submitted w statistical analysis, etc.)?	ork (including but not limited to grants, data m	d party (government, commercial, private foundation, etc.) conitoring board, study design, manuscript preparation,
There are no relevant conflic	:s of interest?	ADD
Section 3. Relevant fi	nancial activities outside the submit	ted work.
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		ADD
Section 4. Intellectua	Property Patents & Copyrights	

I have no patents, whether planned, pending or issued, broadly relevant to the work.



### Section 5.

### Relationships not covered above

There are no 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?

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### Section 6.

### **Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

**Generate Disclosure Statement** 

Dr. Shiffman has nothing to disclose

### **Evaluation and Feedback**

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Lohr 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Kathleen	rst Name)	2. Surname (Last Name) Lohr		3. Date 17-December-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nar Jane Jue, MD	me
			Quality?s National Guidelin	e Clearinghouse Extent of
•	ntifying Number (if you kn orms Annals@mail.acpo	ow it) online.org Today, 12:00 P	4	
	l .			
Section 2.	The Work Under Co	onsideration for Public	cation	
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				
ŕ	ı			
Section 3.	Relevant financial	activities outside the	submitted 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				
	ı			
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plans	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Lohr 2



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
author) or used a how either of the submitted work.	but at the time of all this work, I received a small honorarium from ECRI (the home institution of the main an RTI International stipend awarded to Distinguished Fellows (of which I am now "Emeritus"). I can't see ese circumstances constitute any kind of relationship or activity that influenced what I contributed to the The work itself drew on projects done in about 1990-1992 for the (then) Institute of Medicine, but all that ackground for the ECRI and AHRQ efforts for the NEATS instrument.
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Dr. Lohr reports: I am retired now, but at the time of all this work, I received a small honorarium from ECRI (the home institution of the main author) or used an RTI International stipend awarded to Distinguished Fellows (of which I am now "Emeritus"). I can't see how either of these circumstances constitute any kind of relationship or activity that influenced what I contributed to the submitted work. The work itself drew on projects done in about 1990-1992 for the (then) Institute of Medicine, but all that was essentially background for the ECRI and AHRQ efforts for the NEATS instrument..

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shekelle 1



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Section 1.	Identifying Inforr	nation				
1. Given Name (Fi	rst Name)	2. Surnar shekelle	ne (Last Nar	ne)		3. Date 17-December-2018
4. Are you the cor	responding author?	Yes	<b>✓</b> No	Correspon JUE	ding Autho	or's Name
5. Manuscript Title NEATS instrume						
6. Manuscript Ider 18-2950	ntifying Number (if you k	now it)				
Section 2.	The Work Under C	• • • • • • • • • • • • • • • • • • • •	·			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	titution <b>at any time</b> recou ubmitted work (includin etc.)? evant conflicts of inter	eive paymen g but not lim rest?	t or services lited to gran (es elow. If you	from a third party ts, data monitoring	g board, st	ent, commercial, private foundation, etc.) for cudy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ECRI					<b>✓</b>	i was piad by ECRI to chair their NGC editorial board, total payment was perhaps \$4000 or so per year, and some of that time overlapped when this instrument was being developed and tested.
Section 3.	Relevant financia	activities	outside	the submitted	work.	
of compensation	) with entities as desc +" box. You should re	ribed in the eport relatio	instruction	ns. Use one line fo t were <b>present d</b>	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.

shekelle 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. shekelle reports other from ECRI, during the conduct of the study; .

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patent

Nix 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Mary	rst Name)	2. Surname (Last Name) Nix		3. Date 20-December-2018	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nan	ne	
			Quality's National Guideline	Clearinghouse Extent of	
	ntifying Number (if you kr		_		
	l				
Section 2.	The Work Under Co	onsideration for Publi	cation		
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 Vo					
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Do you have any	•		roadly relevant to the work?	☐ Yes 🗸 No	

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Cunningham 1



Section 1. Identifying Inform				
Identifying Inform	ation			
Given Name (First Name)  Sarah	2. Surname (Last Nam Cunningham	ne)	3. Date 15-January-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Aut Jane Jue	hor's Name	
5. Manuscript Title Developing and Testing the Agency for Adherence to Trustworthy Standards (N		and Quality's National G	uideline Clearinghouse Extent of	
6. Manuscript Identifying Number (if you kn	ow it)			
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Name of Institution/Company	Grant? Personal Fees?	Non-Financial Other	? Comments	
AHRQ			Funding for this work was provide by the Agency for Healthcare Research and Quality under contract to ECRI Institute for the National Guideline Clearinghouse (Contract no. 290-2013-00006C).	
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Ms. Cunningham reports other from null, during the conduct of the study; .

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# 4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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

J. Jane



Section 1. Identifying Inform						
Identifying Inform	ation					
1. Given Name (First Name) Jue	2. Surname (Last Nai J. Jane	ne)		3. Date 15-January-2019		
4. Are you the corresponding author?	Are you the corresponding author?   ✓ Yes   No					
5. Manuscript Title Developing and Testing the Agency for Adherence to Trustworthy Standards (N		and Quality's Na	ional Guid	leline Clearinghouse Extent of		
6. Manuscript Identifying Number (if you kn M18-2950	ow it)					
Section 2. The Work Under Co	onsideration for P	ublication				
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  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		
Agency for Healthcare Research and Quality			t a li	Funding for this work was provide by he Agency for Healthcare Research and Quality under contract to ECRI Institute for the National Guideline Clearinghouse (Contract no.		
				·		
Section 3. Relevant financial activities outside the submitted 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						

J. Jane



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
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. J. Jane reports funding for this work from Agency for Healthcare Research and Quality during the conduct of the study.

## **Evaluation and Feedback**

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

J. Jane



#### **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.

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



Section 1. Identifying Inform						
Identifying Information						
Given Name (First Name)  Vivian	2. Surname (Last Name) Coates	3. Date 21-January-2019				
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Jane Jue				
5. Manuscript Title Developing and Testing the Agency fo Extent of Adherence to Trustworthy Sta		Quality's National Guideline Clearinghouse nt				
6. Manuscript Identifying Number (if you k M18-2950	now it)					
Section 2. The Work Under C	onsideration for Public	cation				
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  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•	on-Financial Other? Comments				
AHRQ		The work was performed as part of ECRI Institute's contract to create a nd maintain the National Guideline Clearinghouse. My salary was independent of this contract.				
Section 3. Relevant financial	activities outside the s	submitted work.				
of compensation) with entities as descr	ibed in the instructions. Us port relationships that were st?	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
AHRQ				<b>✓</b>	Please see comment above. ECRI Institute is also an AHRQ-designated Evidence-based Practice Center and performs work for AHRQ under that contract.		
Section 4							
Intellectual Propert	Section 4. Intellectual Property Patents & Copyrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V							
Section 5. Relationships not o	overed	above					
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Yes, the following relationships/cond	Yes, the following relationships/conditions/circumstances are present (explain below):						
No other relationships/conditions/ci	cumstan	ces that pre	esent a potential (	conflict o	finterest		
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 Stateme	nt						
Based on the above disclosures, this forn below.		omatically (	generate a disclos	sure state	ement, which will appear in the box		
Dr. Coates reports other from AHRQ, frosubmitted work; .	om null, fi	rom null, d	luring the conduc	t of the s	tudy; other from AHRQ, outside the		



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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Craig		ne (Last Nar	me)		3. Date 23-January-2019
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Dr. Jane Jue			or's Name	
5. Manuscript Title Developing and Testing the Agency for Adherence to Trustworthy Standards (N	EATS) Inst		and Quality's Na	tional Gui	ideline Clearinghouse Extent of
6. Manuscript Identifying Number (if you known M18-2950	JW IL)				
Section 2. The Work Under Co	nsidera	tion for P	ublication		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere lf yes, please fill out the appropriate info Excess rows can be removed by pressing	but not linst?	nited to gran Yes pelow. If yo	nts, data monitoring	board, stu	udy design, manuscript preparation,
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CRI Institute				<b>✓</b>	ECRI reimbursed my employer, Colorado Permanente Medical Group, at a rate of \$120/hour, not to exceed 25 hours or \$3000/year, for my time spent serving on the National Guideline Clearinghouse/ National Quality Metrics Clearinghouse Editorial Board from September 2013 until July 2017. Some of those hours were spent working on the NEATS Instrument project and manuscript.
Section 3. Relevant financial a	ıctivities	outside ·	the submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repare there any relevant conflicts of interest.	oed in the ort relatio	instruction onships tha	ns. Use one line fo	or each er	ntity; add as many lines as you need by



If yes, please fill out the appropriate information below.

Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Guidelines International Network-Board of Trustees				<b>✓</b>		Travel expenses covered to attend semi-annual, in-person Board meetings from 8/2013 to the present.	
Section 4.	Intellectual Property Patents & Copyrights						
Do you have any	patents, whether plann	ed, pendi	ing or issue	ed, broadly releva	nt to the	work? Yes V No	
Section 5.	Relationships not covered above						
potentially influe	elationships or activities ncing, what you wrote i wing relationships/cond	n the sub	mitted wo	rk?		d, or that give the appearance of	
No other rela	tionships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest	
submitted some Had NGC continu	of our KP National Guid	elines to to	the Nation	al Guideline Clear	inghouse	rogram since January 2009. We have e (NGC) for publishing on its Web sit and which guidelines we would have	e.
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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**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Robbins reports other from ECRI Institute, during the conduct of the study; non-financial support from Guidelines International Network-Board of Trustees, outside the submitted work; and In Kaiser Permanente, I have served as the Medical Director of our National Guideline Program since January 2009. We have submitted some of our KP National Guidelines to the National Guideline Clearinghouse (NGC) for publishing on its Web site. Had NGC continued, its use of the NEATS instrument would have affected whether to and which guidelines we would have submitted to NGC for consideration in the future..

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1

administrative support, etc. Schoelles



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Section 1.	ldentifying Information						
1. Given Name (Fi Karen	rst Name)	2. Surnar Schoelle	me (Last Nar es	ne)	3. Date 17-December-2018		
4. Are you the cor	responding author?	Yes No Corresponding Author's Name Jane Jue			or's Name		
5. Manuscript Title Developing and Testing the Agency for Healthcare Research and Quality's National Guideline Clearinghouse Extent of Adherence to Trustworthy Standards (NEATS) Instrument							
6. Manuscript Ide	ntifying Number (if you kn	ow it)					
Continu 2							
Section 2.	The Work Under Co	onsidera	tion for P	ublication			
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not lim	nited to grar	nts, data monitorin		ent, commercial, private foundation, etc.) for audy design, manuscript preparation,	
•	Are there any relevant conflicts of interest?  Ves  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.						
	be removed by pressing				- One ent		
Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Agency for Healthcar	e Research and Quality				<b>✓</b>	Funding for this work was provide by the Agency for Healthcare Research and Quality under contract to ECRI	
						Institute for the National Guideline Clearinghouse (Contract no. 290-2013-00006C).	
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of compensation	n) with entities as descri	bed in the	instructio	ns. Use one line f	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.	
•	evant conflicts of intere		Yes ✓	-	J	• •	

Schoelles 2



Soutien A
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