

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

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Section 1. Identifying Information

1. Given Name (First Name) Jan	2. Surname (Last Name) Walker	3. Date 05-March-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cait DesRoches
5. Manuscript Title OpenNotes After Seven Years: Patients reading visit notes report managing medications more effectively"		
6. Manuscript Identifying Number (if you know it) M18-3197		

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

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
Gordon and Betty Moore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Robert Wood Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cambia Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peterson Center for Health Care	<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

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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. Walker reports grants from Gordon and Betty Moore Foundation, grants from Robert Wood Johnson Foundation, from Cambia Foundation, from Peterson Center for Health Care, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

zhiyong

2. Surname (Last Name)

dong

3. Date

05-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Catherine M. DesRoches

5. Manuscript Title

Patients Managing Medications and Reading their Visit Notes: A survey of OpenNotes participants

6. Manuscript Identifying Number (if you know it)

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Dr. dong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Leonor	2. Surname (Last Name) Fernandez	3. Date 09-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Thomas Payne
5. Manuscript Title "From the other side of the screen" Patient perspectives on use of computers during office visits		
6. Manuscript Identifying Number (if you know it) 		

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.)?

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Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Peterson Center on Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cambia Health Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Fernandez reports grants from Gordon and Betty Moore Foundation, grants from Robert Wood Johnson Foundation, grants from The Peterson Center on Healthcare, grants from Cambia Health Foundation, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joann

2. Surname (Last Name)
Elmore

3. Date
17-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Patients managing medications and reading their visit notes: A survey of OpenNotes participants

6. Manuscript Identifying Number (if you know it)

M18-3197

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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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Editor-In-Chief for Adult Primary Care topics at UpToDate. Director of the National Clinician Scholars Program at UCLA.

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Dr. Elmore reports she is Editor-In-Chief for Adult Primary Care topics at UpToDate and Director of the National Clinician Scholars Program at UCLA.

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Section 1. Identifying Information

1. Given Name (First Name) Sigall	2. Surname (Last Name) Bell	3. Date 02-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Catherine DesRoches
5. Manuscript Title Patients Managing Medications and Reading their Visit Notes: A survey of OpenNotes participants		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Name). Tom

2. Surname (Last
Delbanco

3. Date 5/24/19

4. Are you the corresponding author?

☐ Yes ☐ No x

5. Manuscript Title

Manuscript Identifying Number (if you know it). (M18-3197)

6.

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.)? yes

Are there any relevant conflicts of interest? ☐ Yes ☐ No x

ADD

We have grant funding entirely from philanthropy: RWJF Foundation, Cambia Foundation, Gordon and Betty Moore Foundation, Peterson Center on Healthcare, plus individual philanthropic gifts

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☐ No x

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No x

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Generate Disclosure Statement

Signed, electronically: Tom Delbanco, MD, MACP

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Patricia

2. Surname (Last Name)
Fitzgerald

3. Date

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

5. Manuscript Title

"OpenNotes After Seven Years: Patients reading visit notes report managing medications more effectively"

6. Manuscript Identifying Number (if you know it)

M18-3197

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. Fitzgerald has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joshua	2. Surname (Last Name) Liao	3. Date 03-March-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cait DesRoches
5. Manuscript Title OpenNotes After Seven Years: Patients reading visit notes report managing medications more effectively		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Liao 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)
Catherine

2. Surname (Last Name)
DesRoches

3. Date
18-March-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Patients Managing Medications and Reading their Visit Notes: A survey of OpenNotes participants

6. Manuscript Identifying Number (if you know it)
M18-3197

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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
Gordon and Betty Moore Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cambia Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peterson Center on Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. DesRoches reports grants from Gordon and Betty Moore Foundation, grants from Cambia Foundation, grants from Peterson Center on Healthcare, grants from Robert Wood Johnson Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas
2. Surname (Last Name)
Payne
3. Date
18-March-2019
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Catherine DesRoches
5. Manuscript Title
Patients Managing Medications and Reading their Visit Notes: A survey of OpenNotes participants
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Dr. Payne has nothing to disclose.

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