

Instructions

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Identifying information.

2. The work under consideration for publication.

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Relevant financial activities outside the submitted work.

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

Calfee 1



Section 1.	Identifying Inform	ation						
1. Given Name (First David	Name)	2. Surnan Calfee	ne (Last Nan	ne)		3. Date 06-March-2019		
4. Are you the corre	sponding author?	Yes No Corresponding Author's Name Sanjay Saint						
5. Manuscript Title The Guide to Patient Safety (GPS) for Health Care-Associated Infections								
6. Manuscript Identi M18-3443	fying Number (if you kn	ow it)						
Section 2.	The Work Under Co	nsiderat	tion for Pu	ublication				
any aspect of the sub statistical analysis, et	omitted work (including	but not lim	ited to gran			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,	r	
	t the appropriate info			u have more than	one enti	ty press the "ADD" button to add a row		
Name of Institution	n/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Centers for Disease Pre contract with Health Re Frust (HRET) which sub Cornell Medicine	esearch and Educational				✓	CDC Contract 200-2015-88275 to HRET	_	
Section 3.	Relevant financial a	activities	outside t	the submitted	work.			
of compensation) of clicking the "Add +	with entities as descril -" box. You should rep	oed in the ort relatio	instruction enships that	ns. Use one line fo t were present d	or each en	ial relationships (regardless of amount atity; add as many lines as you need by a 36 months prior to publication.		
Are there any relev	ant conflicts of intere	st! []Y	∕es [√] I	NO				
Section 4.	ntellectual Proper	ty Pate	nts & Cop	oyrights				
Do you have any p	atents, whether planr	ned, pendi	ng or issue	d, broadly releva	nt to the	work? Yes 🗸 No		

Calfee 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
	is other from Centers for Disease Prevention and Control contract with Health Research and Educational ich subcontracted with Weill Cornell Medicine, during the conduct of the study;.

Evaluation and Feedback

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Calfee 3



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Fowler 1



Section 1. Identifying Informa	ation								
1. Given Name (First Name) Karen	2. Surname (Last N Fowler	ame)	3. Date 06-February-20	019					
4. Are you the corresponding author?	Yes ✓ No	·	Corresponding Author's Name Sanjay Saint						
5. Manuscript Title THE GUIDE TO PATIENT SAFETY (GPS) FOR HEALTH CARE-ASSOCIATED INFECTIONS									
6. Manuscript Identifying Number (if you know it) M18-3443									
Section 2. The Work Under Co	nsideration for	Publication							
Did you or your institution at any time received any aspect of the submitted work (including be statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including be statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted with the submitted information.	but not limited to gr st? Yes rmation below. If y	ants, data monitoring	g board, study design, manuscript	preparation,					
Name of Institution/Company	Grant? Persona	Non-Financial Support?	Other? Comments						
Centers for Disease Prevention and Control contract with Health Research and Educational Frust (HRET), which subcontracted with University of Michigan to support UM faculty/ staff effort for this contract			CDC Contract 200-2015 HRET, subcontract to UI						
Department of Veterans Affairs National Center or Patient Safety	✓		Ann Arbor Patient Safet Inquiry	y Center of					
Section 3. Relevant financial a	ctivities outsid	e the submitted	work.						
Place a check in the appropriate boxes in of compensation) with entities as describ clicking the "Add +" box. You should repo Are there any relevant conflicts of interes	ed in the instructi ort relationships th	ons. Use one line fo	or each entity; add as many line	s as you need by					

Fowler 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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Ms. Fowler reports other from Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which subcontracted with University of Michigan to support UM faculty/staff effort for this contract, and a grant from the Department of Veterans Affairs National Center for Patient Safety during the conduct of the study.

Evaluation and Feedback

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Fowler 3



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

ert testimony, employment, or other affiliations patent n-Financial Support: Examples include drugs/equipment

Saint 1



Section 1.	ldentifying Inform	nation								
Given Name (First Sanjay	: Name)	2. Surnai Saint	me (Last Nar	me)		3. Date 11-March-2019				
4. Are you the corre	Are you the corresponding author? ✓ Yes No									
5. Manuscript Title The Guide to Patie	ent Safety (GPS) for He	ealth Care-	Associated	Infections						
6. Manuscript Ident m18-3443	ifying Number (if you kr	now it)								
Section 2.	Γhe Work Under C	onsider <u>a</u>	tion for P	ublicati <u>o</u> n						
any aspect of the sul statistical analysis, et Are there any relev	omitted work (including	g but not lin		nts, data monitoring		ent, commercial, private foundation, etc.) udy design, manuscript preparation,				
Section 3.	Relevant financial	activities	s outside	the submitted	work.					
of compensation) clicking the "Add + Are there any relev	with entities as descri	ibed in the port relation est? ✓	e instruction onships tha Yes	ns. Use one line fo	or each er	cial relationships (regardless of amou ntity; add as many lines as you need b e 36 months prior to publication .				
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
Doximity			✓			I am on a medical advisory board of Doximity, a new social networking site for physicians. Honorarium for being a member of the medical advisory board.				
vion			√			I am on the scientific advisory board of Jvion, a healthcare technology				

Saint 2

company.



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments			
Centers for Disease Prevention and Control contract with Health Research and Educational Frust (HRET), which subcontracted with University of Michigan to support UM faculty/ staff effort for this contract					CDC Contract 200-2015-88275 to HRET, subCon to UM			
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights					
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes V No			
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Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of			
Yes, the following relationships/cond	itions/cir	cumstance	es are present (exp	olain belo	w):			
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict of	finterest			
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Section 6. Disclosure Statemen	nt							
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.								
Dr. Saint reports personal fees from Doximity, personal fees from Jvion, other from Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which subcontracted with University of Michigan to support UM faculty/staff effort for this contract, outside the submitted work; .								

Saint 3



Evaluation and Feedback

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Saint 4



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Rohde 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi Jeffrey	irst Name)	2. Surname (Last Na Rohde	me)		3. Date 12-March-2019			
4. Are you the co	☐ Yes ✓ No	Correspon Sanjay Sa	_	or's Name				
5. Manuscript Title THE GUIDE TO PATIENT SAFETY (GPS) FOR HEALTH CARE-ASSOCIATED INFECTIONS								
6. Manuscript Ide M18-3443	ntifying Number (if you kr	now it)						
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any aspect of the s statistical analysis, Are there any re- If yes, please fill	submitted work (including , etc.)? levant conflicts of intere	ive payment or services but not limited to grades est? Yes ormation below. If yo	s from a third party nts, data monitoring	g board, stu	ent, commercial, private foundation, et udy design, manuscript preparation, ty press the "ADD" button to add a			
Name of Institut		Grant? Personal Fees?	Non-Financial Support?	Other?	Comments			
contract with Health Frust (HRET), which s	Prevention and Control Research and Educational subcontracted with the Medicine and the University			✓	CDC Contract 200-2015-88275 to HRET			
Society of Hospital M	1edicine				Consultant fees (<\$10,000)			
of compensation	n) with entities as descri	n the table to indicatibed in the instructio	te whether you hans. Use one line fo	ave financ or each er	cial relationships (regardless of amo ntity; add as many lines as you need a 36 months prior to publication .	d by		
Are there any re	levant conflicts of intere	est? ☐ Yes ✓	No					

Rohde 2



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Chopra 1



Section 1. Identifying Inform	nation							
1. Given Name (First Name) Vineet	Surname (Last Name) Chopra		3. Date 06-February-2019					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sanjay Saint						
5. Manuscript Title THE GUIDE TO PATIENT SAFETY (GPS) FOR HEALTH CARE-ASSOCIATED INFECTIONS								
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Section 3. Relevant financial	activities outside the	submitted work.						
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Intellectual Proper	rty Patents & Copyri	ghts						
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No					

Chopra 2



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Dr. Chopra has nothing to disclose.

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



Section 1. Identifying Information	Section 1. Identifying Information								
1. Given Name (First Name) Jennifer	2. Surnar Medding	me (Last Nar gs	me)		3. Date 06-February-2019				
4. Are you the corresponding author?	Yes	✓ No	-	Corresponding Author's Name Sanjay Saint					
5. Manuscript Title THE GUIDE TO PATIENT SAFETY (GPS) FOR HEALTH CARE-ASSOCIATED INFECTIONS									
6. Manuscript Identifying Number (if you known M18-3443	ow it)								
Section 2. The Work Under Co	nsidera	tion for P	ublication						
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 interest of the state of t	but not limst? \(\sqrt{\sqrt{\gamma}} \) rmation b	nited to gran Yes pelow. If yo	nts, data monitoring No u have more than	board, st	udy design, manuscript preparation,				
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
Centers for Disease Prevention and Control contract with Health Research and Educational Frust (HRET), which subcontracted with University of Michigan to support UM faculty/ staff effort for this contract				V	CDC Contract 200-2015-88275 to HRET, subCon to UM This article is part of the Annals supplement "SUPPLEMENT TITLE" which was supported by the Health Research & Educational Trust and built upon work made possible by the Centers for Disease Control and Prevention, STRIVE Program (contract number200-2015-88275) and is available online at www.Annals.org.				
AHRQ K08 grant to Dr. Meddings	✓				AHRQ K08HS019767 from 2010-2015 funded Dr. Meddings effort for early part of contract. CDC funded Dr. Meddings time after AHRQ K08 grant concluded				



Section 3. Polovant financial							
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 present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below.							
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
niversity of Michigan Medical School and Michigan Medicine"				√	Employment as an academic physician and researcher		
nn Arbor VA Hospital and the Center for linical Management Research				✓	Employment as a VA physician and researcher, in joint appointment with UM since November 1, 2016		
HRQ Contract with HRET					I am an investigator for an AHRQ subcontract (with contract to HRET) for development and implementation of an intervention to prevent catheter-associated UTI in the ICU setting.		
onoraria for presentations from various rofessional and non-profit organizations (eg, ociety for Healthcare Epidemiology of merica/SHEA, and the Central Society for linical Research/CSCR, Wound Ostomy & ontinence Nurses Society/WOCN), and uantiaMD.				V	I have received honoraria for providing invited presentations/ lectures on hospital-acquired infection prevention from various professional societies and non-profit organizations) since my academic career started in 2007. None of these activities are related to speakers bureaus or for-profit companies. None of these are from entities that could be affected financially from the submitted work but I am erring on the side of full disclosure.		
Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.							
Patent? Pendir	ıg <mark>?</mark> İssu	ed? Licens	ed?Royalties?	License	e? Comments		



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Dr. Meddings research involves involving development of products to improve patient safety by reducing hospital-acquired complications. Her team has a provisional patent involving one of these products (US20180339133A1). She has no associations with any companies or manufacturers, has no ownership in a commercial entity, and receives no royalties.	V					Patent application: US20180339133A1

Section 5.	Relationships not covered above
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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?

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✓ 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. Meddings reports other from Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which subcontracted with University of Michigan to support UM faculty/staff effort for this contract, grants from AHRQ K08 grant to Dr. Meddings, during the conduct of the study; other from University of Michigan Medical School and "Michigan Medicine", other from Ann Arbor VA Hospital and the Center for Clinical Management Research, other from AHRQ Contract with HRET, other from Honoraria for presentations from various professional and non-profit organizations (eg, Society for Healthcare Epidemiology of America/SHEA, and the Central Society for Clinical Research/CSCR, Wound Ostomy & Continence Nurses Society/WOCN), and QuantiaMD., outside the submitted work; In addition, Dr. Meddings has a patent Dr. Meddings research involves involving development of products to improve patient safety by reducing hospital-acquired complications. Her team has a provisional patent involving one of these products (US20180339133A1). She has no associations with any companies or manufacturers, has no ownership in a commercial entity, and receives no royalties. pending.



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Krein 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Sarah	irst Name) 2. Surname (Last Name) Krein			3. Date 06-February-2019		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Sanjay Saint			
5. Manuscript Title THE GUIDE TO PA						
6. Manuscript Ider M18-3443	ntifying Number (if you kn	now it)				
	ı					
Section 2.	The Work Under Co	onsideration for Publ	ication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o Excess rows can Name of Institut	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	est? Yes No rmation below. If you ha g the "X" button. Grant? Personal Fees?	ata monitoring board, s	nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row. Comments RCS 11-222		
Section 3.						
Section 5.	Relevant financial	activities outside the	submitted work.			
of compensation clicking the "Add Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere	ibed in the instructions. Uport relationships that we est? Yes ✓ No	lse one line for each e re present during th	ncial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication.		
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts			
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the	e work? ☐ Yes ✓ No		

Krein 2



Section 5. Polationships not severed 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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Dr. Krein reports grants from Department of Veterans Affairs, HSR&D Service, during the conduct of the study; .

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Krein 3



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patent

Valerie 1



Section 1. Identifying Information	ation				
1. Given Name (First Name) Vaughn	2. Surna Valerie	me (Last Nar	ne)		3. Date 06-February-2019
4. Are you the corresponding author?	Yes	√ No	Correspond	ding Autho	or's Name
5. Manuscript Title THE GUIDE TO PATIENT SAFETY (GPS) FO	SOCIATED INFECT	TIONS			
6. Manuscript Identifying Number (if you known M18-3443	ow it)				
Section 2. The Work Under Co					
The Work Under Co	nsidera	tion for P	ublication		
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 interest yes, please fill out the appropriate information Excess rows can be removed by pressing	but not linst?	nited to gran Yes pelow. If yo	nts, data monitoring	board, st	udy design, manuscript preparation,
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	V				his article is part of the Annals supplement "Building Partnerships to Prevent Health Care-Associated Infection: Lessons Learned from a National Collaborative" which was supported by the Health Research & Educational Trust and built upon work made possible by the Centers for Disease Control and Prevention, States Targeting Reduction in Infections via Engagement Program
Section 3. Relevant financial a	ctivitie	s outside	the submitted	work	
Relevant financial a	ctivities	outside	the submitted	WOIK.	
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	oed in the ort relation	instructio	ns. Use one line fo It were present d	or each er	ntity; add as many lines as you need by

Valerie 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
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Section 5. Relationships not covered above
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Valerie 3



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Ameling 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Jessica	2. Surname (Last Name) Ameling		3. Date 06-February-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title THE GUIDE TO PATIENT SAFETY (GPS) FO	OR HEALTH CARE-ASSOCIA	ATED INFECTIONS	
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Excess rows can be removed by pressing	g the "X" button.		
Name of Institution/Company	Grant	n-Financial other?	Comments
Centers for Disease Control and Prevention contract with Health Research and Educational Frust (HRET), which subcontracted with University of Michigan			CDC Contract 200-2015-88275 to HRET
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Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes V

Ameling 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?		
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Popovich 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Kyle	2. Surname (Last Name) Popovich		3. Date 08-February-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title THE GUIDE TO PATIENT SAFETY (GPS) FO	OR HEALTH CARE-ASSOCI	ATED INFECTIONS	
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		_	
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If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	n-Financial other?	Comments
Centers for Disease Prevention and Control contract with Health Research and Educational (Fust (HRET)			Received consultant fees from HRET, funded by CDC Contract 200-2015-88275 to HRET
Section 3. Relevant financial	activities outside the s	submitted work.	
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Do you have any patents, whether plans	ned, pending or issued, bi	roadly relevant to the	work? Yes V

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Section 5. Polationships 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?
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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.
Dr. Popovich reports personal fees from Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), during the conduct of the study; .

Evaluation and Feedback

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