

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".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Linda	2. Surname (Last Name) Greene	3. Date 19-February-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jennifer Meddings
5. Manuscript Title A TIERED APPROACH FOR PREVENTING CATHETER-ASSOCIATED URINARY TRACT INFECTION: A NARRATIVE REVIEW		
6. Manuscript Identifying Number (if you know it) M18-3471		

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

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 **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
Association of Professionals in Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payment for time spent on CAUTI projects

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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Dr. Greene reports other from Association of Professionals in Infection Control, outside the submitted work; .

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)
Milisa

2. Surname (Last Name)
Manojlovich

3. Date
02-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jennifer Meddings

5. Manuscript Title
A tiered approach for preventing catheter-associated urinary tract infection: A narrative review

6. Manuscript Identifying Number (if you know it)
MS18-3471

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Dr. Manojlovich 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)

Jennifer

2. Surname (Last Name)

Meddings

3. Date

02-January-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

A TIERED APPROACH FOR PREVENTING CATHETER-ASSOCIATED URINARY TRACT INFECTION: A NARRATIVE REVIEW

6. Manuscript Identifying Number (if you know it)

M18-3471

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
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CDC Contract 200-2015-88275 to HRET, subCon to UM
AHRQ K08 grant to Dr. Meddings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHRQ K08HS019767 from 2010-2015 funded Dr. Meddings effort for early part of contract. CDC funded Dr. Meddings time after AHRQ K08 grant concluded

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
University of Michigan Medical School and "Michigan Medicine"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment as an academic physician and researcher
Ann Arbor VA Hospital and the Center for Clinical Management Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment as a VA physician and researcher, in joint appointment with UM since November 1, 2016
AHRQ Contract with HRET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
---------	----------	---------	-----------	------------	-----------	----------

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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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Patent application: US20180339133A1

Section 5. Relationships not covered above

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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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Section 1. Identifying Information

1. Given Name (First Name) Jessica	2. Surname (Last Name) Ameling	3. Date 03-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jennifer Meddings
5. Manuscript Title A TIERED APPROACH FOR PREVENTING CATHETER-ASSOCIATED URINARY TRACT INFECTION: A NARRATIVE REVIEW		
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sanjay	2. Surname (Last Name) Saint	3. Date 03-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jennifer Meddings
5. Manuscript Title A TIERED APPROACH FOR PREVENTING CATHETER-ASSOCIATED URINARY TRACT INFECTION: A NARRATIVE REVIEW		
6. Manuscript Identifying Number (if you know it) M18-3471		

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
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Doximity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
Jvion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am on the scientific advisory board of Jvion, a healthcare technology company.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 3. Relevant financial activities outside the submitted work.

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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

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):
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Dr. Saint reports personal fees from Doximity, personal fees from Jvion, during the conduct of the study; .

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3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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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Definitions.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jay	2. Surname (Last Name) Bhatt	3. Date 07-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jennifer Meddings
5. Manuscript Title A Tiered Approach for Preventing Catheter-Associated Urinary Tract Infection: A Narrative Review		
6. Manuscript Identifying Number (if you know it) M18-3471		

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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Improvement initiative
CDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Improvement initiative

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Bhatt reports grants from AHRQ, grants from CDC, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Fowler	3. Date 03-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jennifer Meddings
5. Manuscript Title A TIERED APPROACH FOR PREVENTING CATHETER-ASSOCIATED URINARY TRACT INFECTION: A NARRATIVE REVIEW		
6. Manuscript Identifying Number (if you know it) M18-3471		

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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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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, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary Sue	2. Surname (Last Name) Collier	3. Date 03-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jennifer Meddings
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