

## 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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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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) Deborah

2. Surname (Last Name) Bohr

3. Date 12-February-2019

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Karen Fowler

5. Manuscript Title Qualitative Assessment of a State Partner Facilitated Healthcare-Associated Infection Prevention National Collaborative

6. Manuscript Identifying Number (if you know it) M18-3477

### 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
Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which subcontracted with me to support interviews conducted by the University of Michigan faculty/staff effort for this contract	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CDC Contract 200-2015-88275 to HRET

### Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Bohr reports personal fees from Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which subcontracted with me to support interviews conducted by the University of Michigan 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)  
Karen

2. Surname (Last Name)  
Fowler

3. Date  
06-February-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Qualitative Assessment of a State Partner Facilitated Healthcare-Associated Infection Prevention National Collaborative

6. Manuscript Identifying Number (if you know it)  
M18-3477

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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, subcontract to UM

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrew

2. Surname (Last Name) Rolle

3. Date 27-March-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Karen E. Fowler

5. Manuscript Title  
QUALITATIVE ASSESSMENT OF A STATE PARTNER FACILITATED HEALTH CARE-ASSOCIATED INFECTION PREVENTION NATIONAL COLLABORATIVE

6. Manuscript Identifying Number (if you know it)  
M18-3477

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jane	2. Surname (Last Name) Forman	3. Date 17-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen Fowler
5. Manuscript Title Qualitative Assessment of a State Partner Facilitated Health care-Associated Infection Prevention National Collaborative		
6. Manuscript Identifying Number (if you know it) M18-3477		

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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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Dr. Forman 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)

Mary Sue

2. Surname (Last Name)

Collier

3. Date

06.18.19

4. Are you the corresponding author?

Yes  XNo

5. Manuscript Title

Qualitative Assessment of a State Partner Facilitated Health care-Associated Infection Prevention National Collaborative

6. Manuscript Identifying Number (if you know it)

m18-3477

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Are there any relevant conflicts of interest?  Yes  XNo

ADD

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#### Generate Disclosure Statement

Note: These manuscripts were funded by CDC as part of a national program designed to support hospitals reducing selected HAIs.

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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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**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)  
Vineet

2. Surname (Last Name)  
Chopra

3. Date  
06-February-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
QUALITATIVE ASSESSMENT OF A STATE PARTNER FACILITATED HEALTH CARE-ASSOCIATED INFECTION PREVENTION NATIONAL COLLABORATIVE

6. Manuscript Identifying Number (if you know it)  
M18-3477

### 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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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?

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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. Chopra has nothing to disclose.

### Evaluation and Feedback

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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) \_\_\_\_\_ Jennifer

2. Surname (Last Name) \_\_\_\_\_ Meddings

3. Date \_\_\_\_\_ 06-February-2019

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_ Karen Fower

5. Manuscript Title  
QUALITATIVE ASSESSMENT OF A STATE PARTNER FACILITATED HEALTH CARE-ASSOCIATED INFECTION PREVENTION NATIONAL COLLABORATIVE

6. Manuscript Identifying Number (if you know it)  
M18-3477

### 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
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  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 number 200-2015-88275) and is available online at <a href="http://www.Annals.org">www.Annals.org</a> .
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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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
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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

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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.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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 Author's Name Karen E. Fowler

5. Manuscript Title  
QUALITATIVE ASSESSMENT OF A STATE PARTNER FACILITATED HEALTH CARE-ASSOCIATED INFECTION PREVENTION NATIONAL COLLABORATIVE

6. Manuscript Identifying Number (if you know it)  
M18-3477

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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention contract with Health Research and Educational Trust (HRET), which subcontracted with University of Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CDC Contract 200-2015-88275 to HRET

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ameling reports other from Centers for Disease Control and Prevention contract with Health Research and Educational Trust (HRET), which subcontracted with University of Michigan, 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) Brittany      2. Surname (Last Name) Schwartz      3. Date 13-February-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Karen Fowler

5. Manuscript Title  
Qualitative Assessment of a State Partner Facilitated Healthcare-Associated Infection Prevention National Collaborative

6. Manuscript Identifying Number (if you know it)  
M18-3477

### 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which is a part of the American Hospital Association

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Ms. Schwartz reports grants from Centers for Disease Prevention and Control, during the conduct of the study; .

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