

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.

Identifying information.

2. The work under consideration for publication.

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

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

Calfee 1



Section 1. Identifying Infor	mation		
1. Given Name (First Name) David	2. Surname (Last Name) Calfee		3. Date 06-March-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title The CDC States Targeting Reduction i Healthcare Associated Infections at th		t (STRIVE): Constructi	on of a National Program to Reduce
6. Manuscript Identifying Number (if you M18-3529	know it)	_	
Section 2. The Work Under	Consideration for Public	cation	
Did you or your institution at any time recany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the sta	ng but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
If yes, please fill out the appropriate in Excess rows can be removed by pressi		ve more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial upport?	Comments
Centers for Disease Prevention and Control contract with Health Research and Educatior Frust (HRET) which subcontracted with Weill Cornell Medicine	al		CDC Contract 200-2015-88275 to HRET
Section 3. Relevant financia	l activities outside the s	submitted work.	
• • • •	ribed in the instructions. Us	se one line for each er	ial relationships (regardless of amount atity; add as many lines as you need by a 36 months prior to publication.
Are there any relevant conflicts of inte	rest? Yes ✓ No		
Section 4. Intellectual Prope	erty Patents & Copyric	ghts	
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the	work? Yes V

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
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	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;.

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Calfee 3



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Patel 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Payal	2. Surname (Last Name) Patel		3. Date 01-April-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
 Manuscript Title THE CDC States Targeting Reduction in Healthcare Associated Infections at the Manuscript Identifying Number (if you kn M18-3468 	Local Level	t (STRIVE): Construct	ion of a National Program to Reduce
Section 2			
Section 2. The Work Under Co	onsideration for Public	ation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, daest? Yes No ormation below. If you hav	ta monitoring board, st	ent, commercial, private foundation, etc.) for cudy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Health Research & Educational Trust (HRET), part of the American Hospital Association.	✓		This work was funded by subcontractor fees from HRET which was part of a prime contract from the Centers for Disease Control and Prevention.
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have finan e one line for each e	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Patel 2



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Dr. Patel reports grants from Health Research & Educational Trust (HRET), part of the American Hospital Association., during the conduct of the study; .

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Lassiter 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi	rst Name)	2. Surname (Last Lassiter	lame)		3. Date 02-May-201	19		
4. Are you the cor	responding author?	Yes ✓ N	·	Corresponding Author's Name Dr. Kyle Popovich				
5. Manuscript Title The Architecture Narrative Review	of Preventing Health C	Care-Associated In	ection: Applying N	ational Eff	orts to Local Impro	ovement Efforts:	A	
6. Manuscript Ider	ntifying Number (if you kn	now it)						
Section 2.	The Work Under Co	onsideration fo	Publication					
any aspect of the s statistical analysis,	stitution at any time recei ubmitted work (including etc.)?	ive payment or servi	ces from a third party rants, data monitorin	-	•		cc.) for	
•	evant conflicts of intere out the appropriate info		_ No you have more tha	n one enti	ty press the "ADD"	' button to add a	row.	
Excess rows can	be removed by pressing		al Nametana dal					
Name of Institut	ion/Company	Grant? Persor	.	Other	Comments			
Centers for Disease C	ontrol	V			CDC funded the STF about which the pa			
Section 3.								
Jeenon J.	Relevant financial	activities outsic	e the submitted	work.				
of compensation clicking the "Add	the appropriate boxes i) with entities as descri I +" box. You should rep	bed in the instructors relationships	ions. Use one line f hat were present c	or each er	ntity; add as many	lines as you need	d by	
Are there any rel	evant conflicts of intere	est? Yes	/ No					
	I							
Section 4.	Intellectual Proper	ty Patents & (opyrights					
Do you have any	patents, whether plan	ned, pending or is	sued, broadly releva	ant to the	work? Yes	✓ No		

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Section 1.	Identifying Inforn	nation								
1. Given Name (Fi Sanjay	irst Name)	2. Surnar Saint	me (Last Nar	ne)		3. Date 02-May-2019				
4. Are you the co	responding author?	Yes	✓ No	Correspond	Corresponding Author's Name					
5. Manuscript Title The Architecture of Preventing Health Care-Associated Infection: Applying National Efforts to Local Improvement Efforts: A Narrative Review 6. Manuscript Identifying Number (if you know it) m18-3529										
Section 2.	The Work Under C	onsidera	tion for P	ublication						
any aspect of the s statistical analysis, Are there any re	submitted work (including	g but not lim		nts, data monitoring		ent, commercial, private foundation, etc.) for oudy design, manuscript preparation,				
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of compensation clicking the "Add Are there any re	n) with entities as descr	ibed in the port relation est? ✓ `	e instruction onships that Yes	ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by 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.				
lvion			✓			I am on the scientific advisory board of Jvion, a healthcare technology 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	
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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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Dr. Saint reports personal fees from Doxi Control contract with Health Research ar support UM faculty/staff effort for this co	nd Educa	tional Trus	t (HRET), which su	bcontrac		



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Hung 1



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1. Given Name (Fi Louella	rst Name)	2. Surname (Last N Hung	lame)		3. Date 07-Februar	y-2019		
4. Are you the cor	responding author?	Yes ✓ No	-	Corresponding Author's Name Kyle Popovich				
Healthcare Associated 6. Manuscript Iden	e argeting Reduction in ciated Infections at the ntifying Number (if you kr	Local Level	gement (STRIVE): (Constructi	on of a National Pr	ogram to Reduce	e	
M18-3529								
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Name of Institut		Grant? Person		Other?	Comments			
Centers for Disease C with Health Research	ontrol and Prevention & Educational Trust			✓	CDC Contract 200-2 HRET	2015-88275 to		
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of compensation clicking the "Add	the appropriate boxes i) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instruct port relationships t —	ions. Use one line f	or each er	ntity; add as many	lines as you need	d by	
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Do you have any	patents, whether plan	ned, pending or iss	ued, broadly releva	ant to the	work? Yes	√ No		

Hung 2



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earning royalties or not

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

Chopra 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fir Vineet	st Name)	2. Surname (Last Na Chopra	ame)		3. Date 26-February-2019	
4. Are you the corr	esponding author?	✓ Yes No				
			gement (STRIVE): (Construction o	of a National Program to Rec	luce
6. Manuscript Ider M18-3529	itifying Number (if you kn	ow it)				
Section 2.						
Section 2.	The Work Under Co	onsideration for	Publication			
any aspect of the si statistical analysis,	ubmitted work (including etc.)?	but not limited to gra			commercial, private foundation design, manuscript preparatior	
Are there any rele	evant conflicts of intere	est? ✓ Yes	No			
	out the appropriate info oe removed by pressing		ou have more tha	n one entity p	ress the "ADD" button to ad	d a row.
Name of Institut	ion/Company	Grant? Persona	I Non-Financial Support?	Other? Co	omments	
contract with Health I Frust (HRET), which su	n to support UM faculty/				C Contract 200-2015-88275 to T, subcontract to UM	
Section 3.	Relevant financial	activities outside	the submitted	work.		
of compensation) with entities as descri	bed in the instruction	ons. Use one line f	or each entity	elationships (regardless of a ; add as many lines as you n months prior to publication	eed by
Are there any rele	evant conflicts of intere	est? Yes ✓	No			
Section 4.	Intellectual Proper	ty Patents & Co	opyrights			
Do you have any	patents, whether plani	ned, pending or issu	ued, broadly releva	ant to the wor	k? ☐ Yes 🗸 No	

Chopra 2



Section 5. Relationships 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?
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
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Evaluation and Feedback

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

Chopra 3



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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Rolle 1



Section 1. Identifying Inform	ation			
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		
5. Manuscript TitleTHE ARCHITECTURE OF PREVENTING HEIMPROVEMENT EFFORTS: A NARRATIVE6. Manuscript Identifying Number (if you kn	REVIEW	NFECTION: APPLYIN	G NATIONAL EFFORTS TO LOCAL	
Section 2. The Work Under Co	onsideration for Public	ation		
Did you or your institution at any time receinany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ve payment or services from but not limited to grants, dasst? Yes No rmation below. If you hav	a third party (governm ta monitoring board, st	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, ity press the "ADD" button to add a row.	
Name of Institution/Company	Grant? Personal Non	n-Financial Other?	Comments	
Centers for Disease Prevention and Control			CDC Contract 200-2015-88275 to HRET	
Section 3. Relevant financial a	activities outside the s	ubmitted 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.	bed in the instructions. Us port relationships that wer	e one line for each e	ntity; add as many lines as you need by	
Section 4				
Section 4. Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any patents, whether plann	ned, pending or issued, bro	oadly relevant to the	work? Yes Vo	

Rolle 2



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Mr. Rolle reports other from Centers for Disease Prevention and Control, during the conduct of the study; .					

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Rolle 3



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Popovich 1



Section 1.	Identifying Inform	ation			
1. Given Name (Firs	, ,	2. Surname (Last Na	me)		3. Date
Kyle		Popovich			08-February-2019
4. Are you the corre	sponding author?	✓ Yes No			
Healthcare Associ	ated Infections at the I	Local Level	ement (STRIVE): (Constructio	on of a National Program to Reduce
6. Manuscript Ident	ifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	nsideration for P	ublication		
	bmitted work (including				nt, commercial, private foundation, etc.) for udy design, manuscript preparation,
•	vant conflicts of intere		No		
	it the appropriate info e removed by pressing		u have more than	n one entit	ty press the "ADD" button to add a row.
Name of Institution		Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Pre Contract with Health Re Trust (HRET)	vention and Control esearch and Educational				Received consultant fees from HRET, funded by CDC Contract 200-2015-88275 to HRET
C 11 2					
Section 3.	Relevant financial a	activities outside	the submitted	work.	
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Popovich 2



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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; .

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Popovich 3