

Instructions

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

Patel 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Payal	rst Name)	2. Surname (Last Na Patel	ime)		3. Date 01-April-2019		
4. Are you the cor	are you the corresponding author? Yes No						
5. Manuscript Title QUANTITATIVE F INFECTION		L INTERVENTION TO) PREVENT CENTR	AL LINE-ASSC	OCIATED BLOODSTREAM		
6. Manuscript Ider M18-3533	ntifying Number (if you kn	ow it)					
Section 2.							
Section 2.	The Work Under Co	onsideration for I	Publication				
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limited to gra			commercial, private foundation, etc.) design, manuscript preparation,	for	
•	evant conflicts of intere		No				
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Name of Institut	ion/Company	Grant? Persona Fees?	Non-Financial Support?	Other?	Comments		
	ucational Trust (HRET), Hospital Association.	V		suk wa Ce	is work was funded by bcontractor fees from HRET which as part of a prime contract from the nters for Disease Control and evention.		
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	relationships (regardless of amou y; add as many lines as you need b 6 months prior to publication .		
Are there any rel	evant conflicts of intere	est? Yes ✓	No				
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Section 4.	Intellectual Proper	ty Patents & Co	pyrights				
Do you have any	patents, whether plani	ned, pending or issu	ed, broadly releva	ant to the wo	rk? Yes 🗸 No		

Patel 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 follow	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.
Soction 6	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Patel reports the conduct of t	grants from Health Research & Educational Trust (HRET), part of the American Hospital Association., during he study; .

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Patel 3



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Greene 1



Section 1. Identifyin	g Information							
1. Given Name (First Name) M Todd	2. Surnam Greene	e (Last Name)			3. Date 02-April-20	19		
4. Are you the corresponding au	he corresponding author? Yes Von Corresponding Author's Name Payal Patel							
5. Manuscript Title QUANTITATIVE RESULTS OF A INFECTION	NATIONAL INTERVEN	ITION TO PRE	VENT CENTRA	AL LINE-AS	SSOCIATED BLOOI	OSTREAM		
6. Manuscript Identifying Numbo M18-3533	er (if you know it)							
Section 2. The Work	Under Considerati	on for Publi	ication					
Did you or your institution at any any aspect of the submitted work statistical analysis, etc.)? Are there any relevant conflict	(including but not limit	ted to grants, d					c.) for	
If yes, please fill out the appro	priate information be	low. If you ha	ve more than	one entit	y press the "ADD"	button to add a	row.	
Excess rows can be removed I			on-Financial	7				
Name of Institution/Compar	grant [?]		Support?	Other •	Comments			
Health Research & Educational Trus upon work made possible by the Ce Disease Control and Prevention, STI Program	enters for			✓	contract number 20	00-2015-88275		
Section 3. Relevant f	inancial activities	outside the	submitted	work.				
Place a check in the appropria of compensation) with entitie clicking the "Add +" box. You	s as described in the i	nstructions. U	Jse one line fo	or each en	tity; add as many	lines as you need		
Are there any relevant conflic	ts of interest? Ye	es 🗸 No						
Section 4. Intellectua	al Property Pater	nts & Copyri	iahts					
Do you have any patents, who				nt to the v	work? Yes	✓ No		

Greene 2



Section 5. Polationships not severed above
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Section 6. Disclosure Statement
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Dr. Greene reports other from Health Research & Educational Trust and built upon work made possible by the Centers for Disease Control and Prevention, STRIVE Program, during the conduct of the study; .

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Greene 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.	Identifying Infor	mation							
1. Given Name (F Sanjay	2. Surname (Last Name) 3. Date Saint 02-May-2019								
4. Are you the co	rresponding author?	☐ Yes ✓ No	Correspond	Corresponding Author's Name					
5. Manuscript Title Quantitative Results of a National Intervention to Prevent Central Line-Associated Bloodstream Infection									
6. Manuscript Ide m18-3533	ntifying Number (if you l	know it)							
Section 2.	The Work Under (Consideration for P	ublication						
any aspect of the s statistical analysis Are there any re	submitted work (includir	ng but not limited to gran			nmercial, private foundation, et sign, manuscript preparation,	C., 10			
Section 3.	Relevant financia	l activities outside	the submitted	work.					
of compensation clicking the "Add Are there any re	n) with entities as desc	ribed in the instructio eport relationships tha rest?	ns. Use one line fo	or each entity; a	ntionships (regardless of amoudd as many lines as you need onths prior to publication.	d by			
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Com	nments				
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lvion					n the scientific advisory board				

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
Section 5. Relationships not c	overed	above			
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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
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.					
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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	

Saint 3



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Saint 4



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Rolle 1



Section 1. Identifying Inform	nation							
1. Given Name (First Name) Andrew	2. Surname (Last Name) Rolle		3. Date 20-May-2019					
4. Are you the corresponding author?	. Are you the corresponding author?							
5. Manuscript Title QUANTITATIVE RESULTS OF A NATION. INFECTION	AL INTERVENTION TO PREV	ENT CENTRAL LINE	-ASSOCIATED BLOODSTREAM					
6. Manuscript Identifying Number (if you k M18-3533	now it)							
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any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da est? Yes No ormation below. If you hav	ta monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation, ntity press the "ADD" button to add a row.					
Name of Institution/Company	Grant•	n-Financial Other	? Comments					
Centers for Disease Prevention and Control			CDC Contract 200-2015-88275 to HRET					
Section 3. Relevant financial	activities outside the s	submitted work.						
• • •	ibed in the instructions. Us port relationships that wer	se one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication .					
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to th	ne work? Yes 🗸 No					

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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Jones 1



Section 1.	dentifying Inform	ation							
1. Given Name (First Karen	Name)	2. Surnam Jones	ne (Last Name)			3. Date 26-Februa	ry-2019		
4. Are you the corres	4. Are you the corresponding author?				Corresponding Author's Name Dr. Payal Patel				
5. Manuscript Title Quantitative Result	s of a National Interv	ention to F	Prevent Centi	ral Line-Associ	ated Blood	dstream Infectior	1		
6. Manuscript Identif	ying Number (if you kn	ow it)							
Section 2.	he Work Under Co	nsiderat	ion for Pub	lication					
	ution at any time receimitted work (including :.)?							tc.) for	
•	ant conflicts of intere								
	the appropriate info removed by pressing			ave more thar	n one entit	ry press the "ADL)" button to add a	row.	
Name of Institution	n/Company	Grant?	Personal N	on-Financial Support	Other?	Comments			
Centers for Disease Prev contract with Health Res Frust subcontract; CDC 0 200-2015-88275	search and Educational								
Section 3. R	elevant financial a	activities	outside the	e submitted	work.				
of compensation) w	appropriate boxes in vith entities as descril box. You should rep	oed in the	instructions.	Use one line fo	or each en	tity; add as many	/ lines as you nee	d by	
Are there any releva	ant conflicts of intere	st? Y	es 🗸 No						
Section 4.	ntellectual Proper	ty Pate	nts & Copy	rights					
Do you have any pa	itents, whether planr	ned, pendir	ng or issued,	broadly releva	ant to the v	work? Yes	✓ No		

Jones 2



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4. Intellectual Property.

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

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earning royalties or not

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

Ratz 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi	rst Name)	2. Surnar Ratz	ne (Last Name	e)		3. Date 16-July-2019	
4. Are you the cor	responding author?	Yes	√ No	Correspond Payal Pate	_	or's Name	
-			NTION TO PI	REVENT CENTRA	AL LINE-A	SSOCIATED BLOODSTREAM	
6. Manuscript Ider M18-3533	ntifying Number (if you kn	ow it)					
	l						
Section 2.	The Work Under Co	onsiderat	tion for Pul	blication			
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not lim	nited to grants	s, data monitoring		ent, commercial, private foundatior udy design, manuscript preparation	
If yes, please fill o		rmation b	elow. If you		n one enti	ty press the "ADD" button to ad	ld a row.
Excess rows can	be removed by pressing	g the "X" b					
Name of Institut	ion/Company	Grant?	Personal I Fees?	Non-Financial Support?	Other?	Comments	
contract with Health Frust (HRET), which s	n to support UM faculty/				✓	CDC Contract 200-2015-88275 to HRET, subcontracted to UM	
	ı						
Section 3.	Relevant financial	activities	outside th	ne submitted	work.		
of compensation clicking the "Add) with entities as descri	bed in the oort relatio	instructions	. Use one line fo were present d	or each er	cial relationships (regardless of a ntity; add as many lines as you n e 36 months prior to publicati	need by
Section 4.	Intellectual Proper	ty Pate	nts & Copy	/rights			
Do you have any	patents, whether plan	ned, pendi	ng or issued	, broadly releva	ant to the	work? Yes V No	

Ratz 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 ncing, what you wrote in the submitted work?
Yes, the follow	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
	other from Centers for Disease Prevention and Control contract with Health Research and Educational Trust boontracted with University of Michigan to support UM faculty/staff effort for this contract, during the tudy; .

Evaluation and Feedback

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

Ratz 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.

Identifying information.

2. The work under consideration for publication.

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Chopra 1



Section 1. Identifying Inform	nation			
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 QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION				
6. Manuscript Identifying Number (if you know it) M18-3533				
Section 2. The Work Under C	onsideration 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 Vo				
Section 4. Intellectual Prope	rty Patents & Copyrights			
	ned, pending or issued, broadly relevant to the wor	k? ☐ Yes ✓ No		

Chopra 2



Section 5. Relationships not covered above			
helationships 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. Chopra has nothing to disclose.			

Evaluation and Feedback

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

Chopra 3



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

Snyder 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Ashley	rst Name)	2. Surname (Last Name) Snyder	3. Date 06-February-2018	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Vineet Chopra	
5. Manuscript Title QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION				
6. Manuscript Ider	ntifying Number (if you kr	now it)	_	
	ı			
Section 2. The Work Under Consideration for Publication				
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Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Snyder 2



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Snyder 3