

#### **Instructions**

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## Identifying information.

## 2. The work under consideration for publication.

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## 4. Intellectual Property.

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

# Relationships not covered above.

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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

Conlon 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Anna	rst Name)	2. Surname (Last Name) Conlon	3. Date 05-March-2019	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Valerie Vaughn	
5. Manuscript Title Excess Antibiotic Cohort Study		tion with Adverse-Events i	n Patients Hospitalized with Pneumonia: A Multi-Hospital	
6. Manuscript Ide M18-3640	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	ation	
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.				
Section 5.	Relevant financial	activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .				
Are there any rel	evant conflicts of intere	est?		
	ı			
Section 4.	Intellectual Prope	rty Patents & Copyric	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Conlon 2



Section 5. Relationships not severed above
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Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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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. Conlon has nothing to disclose.

#### **Evaluation and Feedback**

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Conlon 3



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Malani 1



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Malani 2



Section 5.	
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Kaatz 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi	rst Name)	2. Surname (Last Nam Kaatz	e)	3. Date 01-April	l-2019	
4. Are you the cor	responding author?	Yes ✓ No	Correspondir Valerie Vaug	ng Author's Name ghn		
<ol><li>Manuscript Title Excess Antibiotic Cohort Study</li></ol>	e Duration and Associat	ion with Adverse-Ever	nts in Patients Hos	pitalized with Pneumo	onia: A Multi-Hospital	
6. Manuscript Ider M18-3640	ntifying Number (if you kn	now it)				
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Section 2.	The Work Under Co	onsideration for Pu	blication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	etitution <b>at any time</b> recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to grant est?  Yes  Normation below. If you	s, data monitoring b	ooard, study design, man	uscript preparation,	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments		
Blue Cross/Blue Shiel	d of Michigan			✓ Support for nurs	se abstractor	
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Section 3.	Relevant financial	activities outside tl	ne submitted w	ork.		
of compensation clicking the "Add Are there any rel	the appropriate boxes i ) with entities as descri   +" box. You should rep evant conflicts of intere	bed in the instructions  oort relationships that	s. Use one line for were <b>present du</b> i	each entity; add as ma	any lines as you need l	
Section 4.	Intellectual Proper	ty Patents & Cop	yrights			
Do you have any	patents, whether plan	ned, pending or issuec	d, broadly relevant	t to the work? Yes	s ✓ No	

Kaatz 2



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Dr. Kaatz reports	other from Blue Cross/Blue Shield of Michigan, during the conduct of the study; .

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patent

Snyder 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Ashley	rst Name)	2. Surname (Last Name) Snyder	3. Date 25-April-2019	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Valerie Vaughn	
5. Manuscript Title Excess Antibiotic		e-Events in Patients Hospit	alized with Pneumonia: A Multi-Hospital Cohort	
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Do you have any			oadly relevant to the work? Yes V No	

Snyder 2



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Ms. Snyder has nothing to disclose.

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Snyder 3



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Nagel 1



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4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name	
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Nagel 2



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## 4. Intellectual Property.

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

# Relationships not covered above.

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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

Rogers 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Mary	2. Surname (Last Name) Rogers	3. Date 01-May-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Valerie Vaughan		
5. Manuscript Title Excess Antibiotic Duration and Advers	e-Events in Patients Hospit	alized with Pneumonia: A Multi-Hospital Cohort		
6. Manuscript Identifying Number (if you k M18-3640	know it)			
Section 2. The Work Under C	Consideration for Public	cation		
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3. Relevant financia	l activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Prope	erty Patents & Copyri	ghts		
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Rogers 2



Section 5.	
Section 5.	Relationships not covered above
	relationships 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
Dr. Rogers has n	othing to disclose.

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**Flanders** 

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

1

administrative support, etc.



Continue 4				
Section 1. Identifying Inform	nation			
Given Name (First Name)  Scott	2. Surname (Last Name) Flanders		3. Date 05-March-2019	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho Valerie Vaughn	r's Name	
5. Manuscript Title Excess Antibiotic Duration and Associat Cohort Study	tion with Adverse-Events in	n Patients Hospitalized	d with Pneumonia: A Multi-Hospi	tal
6. Manuscript Identifying Number (if you kn M18-3640	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution <b>at any time</b> receing any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest.	but not limited to grants, da			itc.) for
Section 3. Relevant financial activities outside the submitted 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 If yes, please fill out the appropriate info	ibed in the instructions. Use port relationships that werest?   Yes No Promation below.	se one line for each en re <b>present during the</b>	tity; add as many lines as you nee	ed by
Name of Entity	Grant? Personal Fees? S	n-Financial upport?	Comments	
Expert Testimony				
Blue Cross Blue Shield of Michigan	$\checkmark$			
Agency for Healthcare Research and Quality	$\checkmark$			
Wiley Publishing				

Flanders 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
Section 5. Relationships not covered above
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Dr. Flanders reports personal fees from Expert Testimony, grants from Blue Cross Blue Shield of Michigan, grants from Agency for Healthcare Research and Quality, personal fees from Wiley Publishing, outside the submitted work;.

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Flanders 3



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earning royalties or not

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Chopra 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Vineet	2. Surname (Last Name) Chopra		3. Date 06-March-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name  Valerie Vaughn		
5. Manuscript Title Excess Antibiotic Duration and Associat Cohort Stud		n Patients Hospitalize	ed with Pneumonia: A Multi-Hospital	
6. Manuscript Identifying Number (if you kr 18-3640	now it)	_		
Section 2. The Work Under Co	onsideration for Public	cation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, datest? Yes No ormation below. If you have	ta monitoring board, st	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, etc.) sity press the "ADD" button to add a row.	
Name of Institution/Company	Grant? Personal Noi	n-Financial other?	Comments	
Blue Cross Blue Shield/Blue Care Network	<b>V</b>		HMS is supported by funding from BCBS	
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interest.	n the table to indicate wh bed in the instructions. Us port relationships that wer	ether you have finan se one line for each e	ntity; add as many lines as you need by	
Section 4. Intellectual Proper	ty Patents & Copyri	yhts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work?  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):
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Chopra 3



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

Srinivasan 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Arjun	rst Name)	2. Surname (Last Name) Srinivasan	3. Date 07-March-2019			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Valerie Vaughn			
	5. Manuscript Title Excess Antibiotic Duration and Association with Adverse-Events in Patients Hospitalized with Pneumonia: A Multi-Hospital					
6. Manuscript Ider 18-3640	ntifying Number (if you kr	now it)				
Section 2						
Section 2.	The Work Under Co	onsideration for Public	ation			
Did you or your institution <b>at any time</b> 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 rel	evant conflicts of intere	est?				
Continu 2						
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
of compensation clicking the "Add	n) with entities as descri I +" box. You should rep	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.			
Are there any rel	evant conflicts of intere	est?				
Section 4.	Intellectual Proper	rty Patents & Copyrig	jhts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No			

Srinivasan 2



Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Srinivasan 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

Vaughn 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Valerie	2. Surname (Last Name) Vaughn	3. Date 08-March-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Excess Antibiotic Duration and Associat Cohort Study	tion with Adverse-Events in Patients Hospitalized wit	h Pneumonia: A Multi-Hospital
6. Manuscript Identifying Number (if you kr M18-3640	now it)	
Section 2. The Work Under Co	onsideration for Publication	
	ive payment or services from a third party (government, cogo but not limited to grants, data monitoring board, study deest?	
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of compensation) with entities as descri	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 r</b> est? Yes V	add as many lines as you need by
Sortion 4		
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	?

Vaughn 2



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

Thyagarajan 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Rama	2. Surname (Last Name) Thyagarajan	3. Date 19-March-2019	
4. Are you the corresponding author?	✓ Yes No		
Cohort Study	tion with Adverse -Events in Patients hospitalized wit	th pneumonia: A Multi-Hospital	
6. Manuscript Identifying Number (if you kn M18-3640	now it)		
Section 2. The Work Under Co	onsideration for Publication		
Did you or your institution <b>at any time</b> 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.		
of compensation) with entities as descri	In the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 r</b> est? Yes Vo	add as many lines as you need by	
Section 4. Intellectual Proper	rty Patents & Copyrights		
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No	

Thyagarajan 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
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

#### **Evaluation and Feedback**

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Thyagarajan 3



#### **Instructions**

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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

Gandhi 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Tejal	rst Name)	2. Surname (Last Name) Gandhi	)	3. Date 27-March-	-2019
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Valerie Vaugh	g Author's Name nn	
<ol><li>Manuscript Title Excess Antibiotic Cohort Study</li></ol>		tion with Adverse-Event	s in Patients Hosp	italized with Pneumon	ia: A Multi-Hospital
6. Manuscript Ider M18-3640	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	ormation below. If you h	data monitoring bo	oard, study design, manus	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Support?	ther? Comments	
Blue Cross Blue Shield	d of Michigan	<b>V</b>			
	ı				
Section 3.	Relevant financial	activities outside th	e submitted wo	rk.	
of compensation clicking the "Add Are there any rel	) with entities as descri	in the table to indicate with the table to indicate with the instructions. Sport relationships that we set?	Use one line for eavere <b>present duri</b>	ach entity; add as many	y lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant t	to the work? Yes	✓ No

Gandhi 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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Section 6. Disclosure Statement
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Dr. Gandhi reports grants from Blue Cross Blue Shield of Michigan, during the conduct of the study.

#### **Evaluation and Feedback**

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Gandhi 3



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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

McLaughlin 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Elizabeth		2. Surname (Last Name) McLaughlin		3. Date 05-March	า-2019
4. Are you the corresponding author?		☐ Yes ✓ No	-	Corresponding Author's Name Valerie Vaughn	
5. Manuscript Title Excess Antibiotic Duration and Association with Adverse-Events in Patients Hospitalized with Pneumonia: A Multi-Hospita Cohort Study			nia: A Multi-Hospital		
6. Manuscript Identifying Number (if you know it) M18-3640					
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	g but not limited to grant	s, data monitoring	government, commercial, p board, study design, manu	orivate foundation, etc.) for iscript preparation,
•	evant conflicts of intere		lo have more than (	one entity press the "AD	DD" button to add a row.
	be removed by pressin	-	nave more than v	one entity press the 775	Batton to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Blue Cross Blue Shiel	d of Michigan			Funding as a part Partnerships Prog	
Section 3.	Relevant financial	activities outside t	he submitted w	vork	
Place a check in t					(regardless of amount
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 <b>present during the 36 months prior to publication</b> .					
Are there any rel	evant conflicts of intere	est?	lo		
Section 4.	Intellectual Proper	rty Patents & Cop	yrights		
Do you have any	patents, whether plan	ned, pending or issued	d, broadly relevan	t to the work? Yes	✓ No

McLaughlin 2



Section 5.				
Deculon 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 follo	Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relationships/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			
Mrs. McLaughlin	reports other from Blue Cross Blue Shield of Michigan, during the conduct of the study; .			

## **Evaluation and Feedback**

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McLaughlin 3



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#### Definitions.

**Bloemers** 

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

1

administrative support, etc.



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Sarah	rst Name)	2. Surname (Last Name) Bloemers	3. Date 07-March-2019
4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Title Excess Antibiotic Duration and Association with Adverse-Events in Patients Hospitalized with Pneumonia: A Multi-Hospital Cohort Study 6. Manuscript Identifying Number (if you know it) M18-3640			
Section 2.	The Work Under Co	onsideration for Publication	
Did you or your institution <b>at any time</b> 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 Vo			
Section 3.	Relevant financial	activities outside the submitted work.	
of compensation clicking the "Add Are there any rel	ı) with entities as descri	n the table to indicate whether you have financial is bed in the instructions. Use one line for each entity port relationships that were <b>present during the 36</b> est? Yes V	; add as many lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copyrights	
Do you have any	patents, whether plan	ned, pending or issued, broadly relevant to the wo	rk? Yes 🗸 No

Bloemers 2



Section 5. Relationships 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. Bloemers has nothing to disclose.

## **Evaluation and Feedback**

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Bloemers 3



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Osterholzer 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Danielle	rst Name)	2. Surname (Last Name) Osterholzer	3. Date 18-March-2019	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Valerie Vaughn, MD	
5. Manuscript Title Excess Antibiotic Duration and Association with Adverse-Events i Cohort Study		tion with Adverse-Events in	n Patients Hospitalized with Pneumonia: A Multi-Hospital	
6. Manuscript Identifying Number (if you know it)				
Section 2.	The Work Under C	onsideration for Public	ation	
Did you or your institution <b>at any time</b> 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  Vo				
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .	
Section 4.	Intellectual Prope	rty Patents & Copyric	jhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Osterholzer 2



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

## **Evaluation and Feedback**

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Osterholzer 3



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Hsaiky 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fir Lama	st Name)	2. Surname (Last Name) Hsaiky	3. Date 21-March-2019		
4. Are you the corr	4. Are you the corresponding author?		Corresponding Author's Name Valerie M. Vaughn, MD, MSc		
5. Manuscript Title EXCESS ANTIBIOTIC DURATION AND ASSOCIATION WITH ADVERSE-EVENTS IN PATIENTS HOSPITALIZED WITH PNEUMONIA: A MULTI-HOSPITAL COHORT STUDY					
6. Manuscript Identifying Number (if you know it) REF: M18-3640					
Section 2.	Section 2. The Work Under Consideration for Publication				
Did you or your institution <b>at any time</b> 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 s	ubmitted work.		
of compensation clicking the "Add	he appropriate boxes i ) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .		
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any			oadly relevant to the work? Yes V No		

Hsaiky 2



Section 5.			
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 follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other relationships/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		
Dr. Hsaiky has no	othing to disclose		

## **Evaluation and Feedback**

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#### **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.

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.

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.

# 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.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

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

**Issued:** The patent has been issued by the agency

**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

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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Valerie	2. Surname (Last Name) Vaughn	3. Date 08-March-2019		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Excess Antibiotic Duration and Associat Cohort Study	tion with Adverse-Events in Patients Hospitalized wit	h Pneumonia: A Multi-Hospital		
6. Manuscript Identifying Number (if you kr M18-3640	now it)			
Section 2. The Work Under Co	onsideration for Publication			
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Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No		

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Relationships not covered above
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Vaughn has nothing to disclose.

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