

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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) Anna	2. Surname (Last Name) Conlon	3. Date 05-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Cohort Study		
6. Manuscript Identifying Number (if you know it) M18-3640		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Conlon 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)
Anurag

2. Surname (Last Name)
Malani

3. Date
05-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 in Patients Hospitalized with Pneumonia: A Multi-Hospital Cohort Study.

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Kaatz

3. Date
01-April-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-Hospital Cohort Study

6. Manuscript Identifying Number (if you know it)
M18-3640

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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
Blue Cross/Blue Shield of Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Support for nurse abstractor

Section 3. Relevant financial activities outside the submitted work.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ashley	2. Surname (Last Name) Snyder	3. Date 25-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Valerie Vaughn
5. Manuscript Title Excess Antibiotic Duration and Adverse-Events in Patients Hospitalized with Pneumonia: A Multi-Hospital Cohort		
6. Manuscript Identifying Number (if you know it)		

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Ms. Snyder has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jerod	2. Surname (Last Name) Nagel	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Excess Antibiotic Duration and Adverse-Events in Patients Hospitalized with Pneumonia: A Multi-Hospital Cohort	_____	
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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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Rogers	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Valerie Vaughan
5. Manuscript Title Excess Antibiotic Duration and Adverse-Events in Patients Hospitalized with Pneumonia: A Multi-Hospital Cohort		
6. Manuscript Identifying Number (if you know it) M18-3640		

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.

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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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Rogers 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.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Flanders

3. Date
05-March-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-Hospital Cohort Study

6. Manuscript Identifying Number (if you know it)
M18-3640

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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
Expert Testimony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blue Cross Blue Shield of Michigan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agency for Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wiley Publishing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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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; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
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 Association with Adverse-Events in Patients Hospitalized with Pneumonia: A Multi-Hospital Cohort Stud

6. Manuscript Identifying Number (if you know it)
18-3640

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
Blue Cross Blue Shield/Blue Care Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HMS is supported by funding from BCBS

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Arjun	2. Surname (Last Name) Srinivasan	3. Date 07-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Cohort Study		
6. Manuscript Identifying Number (if you know it) 18-3640		

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.)?

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 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 Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Vaughn has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rama

2. Surname (Last Name)
Thyagarajan

3. Date
19-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 Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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)
Tejal

2. Surname (Last Name)
Gandhi

3. Date
27-March-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-Hospital Cohort Study

6. Manuscript Identifying Number (if you know it)
M18-3640

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
Blue Cross Blue Shield of Michigan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Gandhi reports grants from Blue Cross Blue Shield 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)
Elizabeth

2. Surname (Last Name)
McLaughlin

3. Date
05-March-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-Hospital Cohort Study

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sarah

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

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Dr. Bloemers 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)

Danielle

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 in Patients Hospitalized with Pneumonia: A Multi-Hospital Cohort Study

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lama

2. Surname (Last Name)
Hsaiky

3. Date
21-March-2019

4. Are you the corresponding author? Yes No

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

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Dr. Hsaiky has nothing to disclose

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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.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 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 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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- 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. Vaughn 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.