

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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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) Kei	2. Surname (Last Name) Ouchi	3. Date 24-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Levine
5. Manuscript Title "Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial"		
6. Manuscript Identifying Number (if you know it) M19-0600		

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

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Section 6. Disclosure Statement

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Dr. Ouchi 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)
David

2. Surname (Last Name)
Levine

3. Date
29-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M19-0600

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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
Biofourmis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI-initiated predictive analytics investigations

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) Mary	2. Surname (Last Name) Paz	3. Date 10-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David M Levine
5. Manuscript Title Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it)		

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Ms. Paz 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)

Kimberly

2. Surname (Last Name)

Burke

3. Date

10-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

David M. Levine

5. Manuscript Title

Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

M19-0600

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Miss Burke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Bonnie

2. Surname (Last Name)
Blanchfield

3. Date
23-May-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
David Levine

5. Manuscript Title
"Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial"
"Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial"

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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
Verily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Income for advisory
Greybird Ventures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Income for accounting work
Atlas 5D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Income for accounting work

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Dr. Blanchfield reports other from Verily , other from Greybird Ventures, from Atlas 5D, outside the submitted work; .

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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)
Jeffrey

2. Surname (Last Name)
Schnipper

3. Date
29-August-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
David Levine

5. Manuscript Title
Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M19-0600

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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
Mallinckrodt Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated study of opioid-related adverse drug events after surgery.
Portola Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated study of hospitalized patients who decline doses of pharmacological VTE prophylaxis.

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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

Section 5. Relationships not covered above

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Dr. Schnipper reports grants from Mallinckrodt Pharmaceuticals, grants from Portola Pharmaceuticals, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Pu

3. Date
25-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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

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. Pu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Agustina	2. Surname (Last Name) Saenz	3. Date 11/1/2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Manuscript Title Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

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) Keren	2. Surname (Last Name) Diamond	3. Date 06-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Levine
5. Manuscript Title "Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial"		
6. Manuscript Identifying Number (if you know it) M19-0600		

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