

Instructions

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

Ouchi 1



| Section 1. | Identifying Inform | ation | | | |
|---|--------------------------------------|---|--|--|--|
| 1. Given Name (Firs Kei | st Name) | 2. Surname (Last Name) Ouchi | 3. Date 24-April-2019 | | |
| 4. Are you the corre | 4. Are you the corresponding author? | | Corresponding Author's Name David Levine | | |
| 5. Manuscript Title "Hospital-Level Ca | are at Home for Acutel | y III Adults: A Randomized | l Controlled Trial" | | |
| 6. Manuscript Ident M19-0600 | tifying Number (if you kn | ow it) | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsideration for Public | cation | | |
| any aspect of the su statistical analysis, e | bmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | | |
| of compensation) clicking the "Add | with entities as descri | bed in the instructions. Use 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 se present during the 36 months prior to publication. | | |
| Section 4. | Intellectual Proper | ty Patents & Copyri | yhts | | |
| Do you have any բ | oatents, whether plan | ned, pending or issued, br | oadly relevant to the work? ☐ Yes ✓ No | | |

Ouchi 2



| Section 5. Relationships not covered above |
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| 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? |
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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. Ouchi has nothing to disclose. |

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Ouchi 3



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patent

Levine 1



| Section 1. | ldentifying Inform | ation | | | | | |
|--|--|---|------------------------|----------------|---|----------|--|
| 1. Given Name (Fi David | rst Name) | 2. Surname (Last Name) Levine | | | 3. Date 29-April-2019 | | |
| 4. Are you the cor | responding author? | ✓ Yes No | ✓ Yes No | | | | |
| 5. Manuscript Title Hospital-Level Care at Home for Acutely III Adults: A Randomized Controlled Trial | | | | | | | |
| 6. Manuscript Ider M19-0600 | 6. Manuscript Identifying Number (if you know it) M19-0600 | | | | | | |
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| Section 2. | The Work Under Co | nsideration for Pu | ıblication | | | | |
| any aspect of the s statistical analysis, Are there any rel | ubmitted work (including | but not limited to gran | ts, data monitoring | - | commercial, private foundation, e design, manuscript preparation, | tc.) for | |
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| of compensation clicking the "Add Are there any rel |) with entities as descri | oed in the instruction ort relationships that st? Yes 1 | s. Use one line fo | or each entity | relationships (regardless of am y; add as many lines as you nee 6 months prior to publication | d by | |
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| Biofourmis | | ✓ | | | initiated predictive analytics restigations | | |
| | ı | | | | | | |
| Section 4. | Intellectual Proper | ty Patents & Cop | yrights | | | | |
| Do you have any | patents, whether planr | ned, pending or issue | d, broadly releva | nt to the wo | ork? ☐ Yes ✓ No | | |

Levine 2



| Section 5. Relationships not severed above |
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| Relationships not covered above |
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Paz 1



| Section 1. | Identifying Inform | nation | | | |
|--|----------------------------|--|--|--|--|
| Given Name (First Name) Mary | | 2. Surname (Last Name) Paz | 3. Date 10-May-2019 | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name David M Levine | | |
| 5. Manuscript Title Hospital-Level Ca | | y III Adults: A Randomized | Controlled Trial | | |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | | | |
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| Section 2. | The Work Under Co | onsideration for Public | cation | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | |
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| of compensation clicking the "Add |) with entities as descri | bed 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 se present during the 36 months prior to publication. | | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | |

Paz 2



| Section 5. Bol | |
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| Rel | ationships not covered above |
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| | ript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements may ask authors to disclose further information about reported relationships. |
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Burke 1



| Section 1. | Identifying Inform | nation | |
|---|---|--|--|
| 1. Given Name (Fir Kimberly | ven Name (First Name) 2. Surname Derly Burke | | 3. Date 10-May-2019 |
| 4. Are you the corr | 4. Are you the corresponding author? | | Corresponding Author's Name David M. Levine |
| 5. Manuscript Title Hospital-Level Ca | | / III Adults: A Randomized | Controlled Trial |
| 6. Manuscript Iden M19-0600 | ntifying Number (if you kr | now it) | |
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| Section 4. | Intellectual Proper | ty Patents & Copyric | jhts |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Burke 2



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| Miss Burke has nothing to disclose. |

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Burke 3



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Blanchfield 1



| Section 1. Identifying Inform | ation | | | | | | |
|--|--|------------------------|---------------------------------------|---------|--|--|--|
| Given Name (First Name) Bonnie | 2. Surname (Last Name) Blanchfield | | 3. Date 23-May-2019 | | | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Auth | nor's Name | | | | |
| "Hospital-Level Care at Home for Acutel 6. Manuscript Identifying Number (if you kno | | | | | | | |
| M19-0600 | | _ | | | | | |
| Section 2. The Work Under Co | nsideration for Public | cation | | | | | |
| Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | ta monitoring board, s | | :.) for | | | |
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| Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info | oed in the instructions. Us ort relationships that wer st? | se one line for each e | entity; add as many lines as you need | | | | |
| Name of Entity | Grant? Personal Nor | n-Financial other | Comments | | | | |
| Verily | | | Consulting Income for advisory | | | | |
| Greybird Ventures | | | Consulting Income for accounting work | | | | |
| Atlas 5D | | | Consulting Income for accounting work | | | | |

Blanchfield 2



| Section 4 |
|--|
| Section 4. Intellectual Property Patents & Copyrights |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo |
| Section 5. Relationships not covered above |
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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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earning royalties or not

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

Schnipper 1



| Section 1. Idea | | | | | | | |
|---|---|--|---|--|---------------------------|---|--|
| Iden | 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 | Yes No Corresponding Author's Na David Levine | | or's Name | | |
| 5. Manuscript Title Hospital-Level Care at H | lome for Acutely | III Adults: | A Random | nized Controlled 1 | rial | | |
| 6. Manuscript Identifying M19-0600 | Number (if you kno | ow it) | | | | | |
| | | | | | | | |
| Section 2. The N | Work Under Co | nsiderat | ion for P | ublication | | | |
| any aspect of the submitte statistical analysis, etc.)? Are there any relevant of | ed work (including l | out not lim | ited to grar 'es ✓ | nts, data monitoring | board, st | ent, commercial, private foundation, etc.) fudy design, manuscript preparation, | |
| Relevant financial activities outside the submitted work. | | | | | | | |
| of compensation) with | entities as describ k. You should repo conflicts of interes | ped in the ort relation of the ort of the orthogonal or | instruction nships tha 'es elow. | ns. Use one line fo t were present d No | or each er | cial relationships (regardless of amoun ntity; add as many lines as you need by a 36 months prior to publication. | |
| Name of Entity | | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
| Mallinckrodt Pharmaceutical | S | ✓ | | | | Investigator-initiated study of opioid- related adverse drug events after surgery. | |
| Portola Pharmaceuticals | | ✓ | | | | Investigator-initiated study of hospitalized patients who decline doses of pharmacological VTE prophylaxis. | |

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

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

Schnipper 3



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

Pu 1



| Section 1. Identifying In | formation | |
|--|---|---|
| 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 A | cutely III Adults: A Randomized Controlled | Trial |
| 6. Manuscript Identifying Number (if y | you know it) | |
| | | |
| Section 2. The Work Und | ler Consideration for Publication | |
| | | y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation, |
| Are there any relevant conflicts of | interest? ☐ Yes 🗸 No | |
| | | |
| Section 3. Relevant finar | ncial activities outside the submitted | l work. |
| of compensation) with entities as | described in the instructions. Use one line t | nave financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication. |
| Are there any relevant conflicts of | interest? | |
| | | |
| Section 4. Intellectual Pr | operty Patents & Copyrights | |
| Do you have any patents, whether | planned, pending or issued, broadly relev | rant to the work? ☐ Yes ✓ No |

Pu 2



| Section 5. Rolations | | | | | |
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| Relations | hips not covered above | | | | |
| | or activities that readers could perceive to have influenced, or that give the appearance of you wrote in the submitted work? | | | | |
| Yes, the following relationships/conditions/circumstances are present (explain below): | | | | | |
| ✓ No other relationships/co | nditions/circumstances that present a potential conflict of interest | | | | |
| - | reptance, journals will ask authors to confirm and, if necessary, update their disclosure statements authors to disclose further information about reported relationships. | | | | |
| Section 6. Disclosure | e Statement | | | | |
| Based on the above disclosur below. | es, this form will automatically generate a disclosure statement, which will appear in the box | | | | |
| Dr. Pu has nothing to disclos | e. | | | | |

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Pu 3



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| Section 1. | Identifying Inforr | nation | | | | |
|--|------------------------------------|-----------------------------------|---|---------------------|---|------------|
| 1. Given Name (Fi | rst Name) | 2. Surname Saenz | | | 3. Date 11/1/2019 | |
| 4. Are you the corr | responding author? | Yes | X No | | | |
| 5. Manuscript Title Hospita | e I-Level Care at Ho | ome for Ac | utely III Adults: A | Randomized | Controlled Trial | |
| 6. Manuscript Ider | ntifying Number (if you k | now it) | | | | |
| | | | | | | |
| Section 2. | | | | | | |
| | The Work Under (| | | | | |
| any aspect of the s | submitted work (including | | | | mmercial, private foundation esign, manuscript preparat | |
| statistical analysis, Are there any rel | etc.)? evant conflicts of inter | est? Yes | x No | | | |
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| Section 3. | Relevant financial | activities o | utside the submitt | ed work. | | |
| of compensation clicking the "Add | n) with entities as desc | ribed in the in port relations | structions. Use one liships that were pres | ne for each entity; | lationships (regardless o ; add as many lines as yo months prior to publica | ou need by |
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| Section 4. | Intellectual Prope | rty Patent | s & Copyrights | | | |
| Do you have any | patents, whether plan | ned, pending | or issued, broadly re | evant to the work | ? Yes X No | |



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Diamond 1



| Section 1. | Identifying Inform | nation | |
|---|---------------------------|--|--|
| 1. Given Name (Fir Keren | st Name) | 2. Surname (Last Name) Diamond | 3. Date 06-November-2019 |
| 4. Are you the corr | esponding author? | Yes ✓ No | Corresponding Author's Name David Levine |
| 5. Manuscript Title "Hospital-Level C | | ly III Adults: A Randomized | l Controlled Trial" |
| 6. Manuscript Iden M19-0600 | tifying Number (if you kr | now it) | |
| | | | |
| Section 2. | The Work Under Co | onsideration for Public | cation |
| any aspect of the su statistical analysis, e | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, |
| Section 3. | Relevant financial | activities outside the s | submitted work. |
| of compensation) clicking the "Add |) with entities as descri | bed 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 se present during the 36 months prior to publication. |
| 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 |

Diamond 2



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| Relationships not covered above |
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