

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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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) Paul	2. Surname (Last Name) Heidenreich	3. Date 23-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name unsure
5. Manuscript Title "Cost-Effectiveness of Transitional Care Services After Hospitalization with Heart Failure"		
6. Manuscript Identifying Number (if you know it) M19-1980		

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

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Are there any relevant conflicts of interest? Yes No

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Dr. Heidenreich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Harris	2. Surname (Last Name) Carmichael	3. Date 23-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy Goldhaber-Fiebert
5. Manuscript Title Cost-Effectiveness of Transitional Care Services After Hospitalization with Heart Failure		
6. Manuscript Identifying Number (if you know it) M19-1980		

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Dr. Carmichael has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Henning 2. Surname (Last Name) Øien 3. Date 23-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jeremy Goldhaber-Fiebert

5. Manuscript Title
Cost-Effectiveness of Transitional Care Services After Hospitalization with Heart Failure

6. Manuscript Identifying Number (if you know it)

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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
Norwegian Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project grant to the project "Cross - Care old". Project number: 256644

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Section 1. Identifying Information

1. Given Name (First Name)
Jeremy

2. Surname (Last Name)
Goldhaber-Fiebert

3. Date
24-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cost-Effectiveness of Transitional Care Services After Hospitalization with Heart Failure

6. Manuscript Identifying Number (if you know it)
M19-1980

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Dr. Goldhaber-Fiebert 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) Douglas	2. Surname (Last Name) Owens	3. Date 05-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Cost-Effectiveness of Transitional Care Services After Hospitalization with Heart Failure		
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Manuel	2. Surname (Last Name) Blum	3. Date 08-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy Goldhaber-Fiebert
5. Manuscript Title Cost-Effectiveness of Transitional Care Services After Hospitalization with Heart Failure		
6. Manuscript Identifying Number (if you know it) M19-1980		

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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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**.

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Dr. Blum has nothing to disclose.

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