

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) *Ryan* 2. Surname (Last Name) *Mire* 3. Date *10/1/19*

4. Are you the corresponding author? Yes No

5. Manuscript Title
Envisioning a Better Healthcare System for All: A Call to Action by the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M19-2411

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 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) Thomas	2. Surname (Last Name) Cooney	3. Date 26-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Doherty
5. Manuscript Title Envisioning a Better Health Care System for All: A Call to Action by the American College of Physician		
6. Manuscript Identifying Number (if you know it) M19-2411		

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Are there any relevant conflicts of interest? Yes No

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Dr. Cooney 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) Lee	2. Surname (Last Name) Engel	3. Date 22-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Doherty
5. Manuscript Title Envisioning a Better Health Care System for All: A Call to Action by the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M19-2411		

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Doherty

3. Date
14-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Better Health Care System for All:
The American College of Physicians' Call to Action

6. Manuscript Identifying Number (if you know it)
M19-2411

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Goldman

3. Date

29-October-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Envisioning a Better Health Care System for All: A Call to Action by the American College of Physicians

6. Manuscript Identifying Number (if you know it)

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