

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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

Miake-Lye 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii	rst Name)	2. Surname (Last Name) Miake-Lye		3. Date 13-November-2019	
4. Are you the cor	4. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name Neil M. Paige		
5. Manuscript Title What is the Optin		l Size? A Systematic Review			
6. Manuscript Ider	ntifying Number (if you kr	now it)			
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Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for gn, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer		cionships (regardless of amount d as many lines as you need by nths prior to publication.	
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts		
Do you have any	•	, , , , , , , , , , , , , , , , , , , ,	oadly relevant to the work?	☐ Yes ✓ No	

Miake-Lye 2



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Mak 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Mak	3. Date 12-November-2019		
4. Are you the cor			Corresponding Author's Name Paul Shekelle		
5. Manuscript Title What is the Option		Size? A Systematic Review	1		
6. Manuscript Ider M19-2491	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Public	ation		
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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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?		

Mak 2



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Dr. Mak has nothing to disclose.

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Paige 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Paige		Date 2-November-2019	
4. Are you the cor	4. Are you the corresponding author? Yes Volume		Corresponding Author's Name Paul Shekelle, MD		
5. Manuscript Title What is the Option		Size? A Systematic Review			
6. Manuscript Ider M19-2491	ntifying Number (if you kr	now it)			
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Section 2.	The Work Under C	onsideration for Public	ation		
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Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No	

Paige 2



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patent

Goldhaber-Fiebert 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Jeremy	2. Surname (Last Name) Goldhaber-Fiebert	3. Date 07-November-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Paul Shekelle		
5. Manuscript Title What is the Optimal Primary Care Pane	l Size? A Systematic Review	,		
6. Manuscript Identifying Number (if you k M19-2491	now it)			
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Goldhaber-Fiebert 2



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Apaydin 1



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Shekelle 1



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of compensation clicking the "Add Are there any rel) with entities as descri	n the table to indicate whole to the table to indicate whole the instructions. Uport relationships that we set? Yes V No	Jse one line for	r each entity; a	add as many	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copyri	ights			
Do you have any	patents, whether plani	ned, pending or issued, b	oroadly relevan	nt to the work	? Yes	✓ No

Shekelle 2



Section 5. Relationships not severed above
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
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. Shekelle reports grants from VA, during the conduct of the study; .

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Shekelle 3



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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.

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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

Beroes-Severin 1



Section 1.	Identifying Inform	nation				
Given Name (First Name) Jessica		2. Surname (Last Name) Beroes-Severin		3. Date 09-Decem	ber-2019	
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title "What is the Optimal Primary Care Panel Size? A Systematic Review"						
6. Manuscript Identifying Number (if you know it) M19-2491						
Section 2. The Work Under Consideration for Publication						
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Section 3.	Relevant financial	activities outside	the submitted work	k.		
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Section 4.	Intellectual Prope	ty Patents & Co	pyrights			
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to	the work? Yes	√ No	

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Soction F					
Section 5.	elationships not covered above				
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Section 6. Di	isclosure Statement				
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Royalties: Funds are coming in to you or your institution due to your patent

Begashaw 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Meron	2. Surname (Last Name) Begashaw	3. Date 07-November-2019			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Neil M. Paige			
5. Manuscript Title What is the Optimal Primary Care Pane	l Size? A Systematic Review				
6. Manuscript Identifying Number (if you know it)					
Section 2. The Work Under Consideration for Publication					
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Section 3. Relevant financial	activities outside the s	ubmitted work.			
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Section 4. Intellectual Prope	rty Patents & Copyrig	phts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Begashaw 2



Section 5. Relationships not solvered above					
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Dr. Begashaw has nothing to disclose.					

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