

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 1. Identifying information.

#### 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".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

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**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) Susan	2. Surname (Last Name) Hingle	3. Date 17-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Supporting Clinicians During the Covid-19 Pandemic		
6. Manuscript Identifying Number (if you know it) _____		

### 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.

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.**

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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### 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. Hingle has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Linzer

3. Date  
17-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Supporting Clinicians during the COVID-19 Pandemic

6. Manuscript Identifying Number (if you know it)  
M20-1033

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for wellness related research
ACP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for wellness training

### 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. Linzer reports grants from AMA, grants from ACP, 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)  
Elizabeth

2. Surname (Last Name)  
Goelz

3. Date  
17-March-2020

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

5. Manuscript Title  
Supporting Clinicians Through the Covid-19 Pandemic

6. Manuscript Identifying Number (if you know it)

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Dr. Goelz has nothing to disclose.

### Evaluation and Feedback

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**ICMJE** INTERNATIONAL COMMITTEE OF MEDICAL JOURNAL EDITORS

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**Instructions**

The purpose of this form is to provide authors of peer-reviewed manuscripts with information about their obligations to disclose potential conflicts of interest that may influence their research and publication. The form is designed to be completed electronically and submitted online only. It is not necessary to print and mail the form. All required information should be provided in the form, and the form should be submitted online only. The form is not to be used for the submission of manuscripts. For more information, please refer to the ICMJE Uniform Requirements for Manuscript Submission. The form is not to be used for the submission of manuscripts.

**A. Identifying Information.**

**The work under consideration for publication.**

The author who has information about the work should provide a brief summary of the work. This information is for the journal's use only and is not to be included in the published version of the work. The author should provide a brief summary of the work, including the title, authors, and a brief description of the work. The author should also provide the journal, volume, and issue information. The author should also provide the date of publication.

**B. Relevant financial or other interests in the submitted work.**

The author who has information about the work should provide a brief summary of the work. This information is for the journal's use only and is not to be included in the published version of the work. The author should provide a brief summary of the work, including the title, authors, and a brief description of the work. The author should also provide the journal, volume, and issue information. The author should also provide the date of publication.

**C. Intellectual Property.**

The author who has information about the work should provide a brief summary of the work. This information is for the journal's use only and is not to be included in the published version of the work. The author should provide a brief summary of the work, including the title, authors, and a brief description of the work. The author should also provide the journal, volume, and issue information. The author should also provide the date of publication.

**D. Relationships and potential conflicts of interest.**

The author who has information about the work should provide a brief summary of the work. This information is for the journal's use only and is not to be included in the published version of the work. The author should provide a brief summary of the work, including the title, authors, and a brief description of the work. The author should also provide the journal, volume, and issue information. The author should also provide the date of publication.

**Definition:**

**Financial** - Any form of payment or benefit, no matter how small, that is received or expected to be received by the author or a family member, or a spouse, partner, or dependent child, for the completion or publication of the work.

**Financial** - Any form of payment or benefit, no matter how small, that is received or expected to be received by the author or a family member, or a spouse, partner, or dependent child, for the completion or publication of the work.

**Non-financial** - Any non-financial benefit, no matter how small, that is received or expected to be received by the author or a family member, or a spouse, partner, or dependent child, for the completion or publication of the work.

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**ICMJE** INTERNATIONAL COMMITTEE OF MEDICAL JOURNAL EDITORS

**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information:**

1. Author Name (Last, First, Middle): Dewey, Charlene M. MD, PhD

2. Journal Name (Full Name): The American Journal of Public Health

3. Article Title: Supporting Children During the COVID-19 Pandemic

4. Date of Publication: 15 March 2020

5. Do you have competing interests?  Yes  No

**Section 2. Your Work's Subject Contribution For Publication:**

Does your contribution describe a new or original work, or a review or commentary, or a translation of a previously published work, or a re-analysis of previously published data, or a meta-analysis of previously published data, or a synthesis of previously published data, or a re-analysis of previously published data, or a meta-analysis of previously published data, or a synthesis of previously published data?

No  Yes

**Section 3. Release of this material outside the submitted work:**

Has this work been or will it be disseminated outside the submitted work, such as in a conference, a meeting, a presentation, a poster, a press release, or a social media post?

No  Yes

**Section 4. Intellectual Property - Patent or Copyright:**

Do you have any patents, trademarks, or copyrights related to this work?

No  Yes

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**Section 5. Relationships and Potential Conflicts of Interest:**

Do you have any relationships or potential conflicts of interest that could influence your work?

No  Yes

**Section 6. Declaration of Statement:**

I, the undersigned, declare that I have read and understood the instructions for completion of this form and that the information provided is true and accurate to the best of my knowledge and belief.

**Section 7. Declaration of Statement:**

I, the undersigned, declare that I have read and understood the instructions for completion of this form and that the information provided is true and accurate to the best of my knowledge and belief.

**Section 8. Declaration of Statement:**

I, the undersigned, declare that I have read and understood the instructions for completion of this form and that the information provided is true and accurate to the best of my knowledge and belief.

**Section 9. Declaration of Statement:**

I, the undersigned, declare that I have read and understood the instructions for completion of this form and that the information provided is true and accurate to the best of my knowledge and belief.

**Section 10. Declaration of Statement:**

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