

ICMJJE DISCLOSURE FORM

Date: 6/1/21

Your Name: Amber Moore MD, MPH

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): M21-1687

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIA Grant R01AG030618	Payments made to BIDMC
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/1/2021

Your Name: Yoojin Jung, PhD

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): M21-1687

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		National Institute on Aging	Grants received by participating institutions to support salary of involved investigators and staff
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 08/16/2021

Your Name: Long H. Ngo

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants"

Manuscript number (if known): M21-1687

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/8/2021

Your Name: Malaz Boustani

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistant.

Manuscript number (if known): M21-1687.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH, CMS, AHRQ, Merck	Payment made to my Institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	Eisai; Biogen, Merck, Genentech; AFAR, JAHF	Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Eisai; Biogen, Merck, Genentech	
6	Payment for expert testimony	Yes.	I do not remember the name of the law firm that requested my testimony for healthcare related court cases in Indiana
7	Support for attending meetings and/or travel	NIH	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	NIH, AHRQ	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ADS, AARP, AA	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Preferred Population Health Management; RestUp; BlueAgilis; Optichronix	Equity Ownership and cofounder

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 7/8/2021

Your Name: Jonathan Siuta, MD

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): M21-1687

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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJJE DISCLOSURE FORM

Date: 7/22/2021

Your Name: Erica K. Husser

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): M21-1687

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		National Institute on Aging	Grants received by participating institutions to support salary of involved investigators and staff
Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/8/2021

Your Name: Sharon K. Inouye, MD, MPH

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): M21-1687

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 6/1/2021

Your Name: Douglas L. Leslie

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): M21-1687

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		National Institute on Aging	Grant awarded to my institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__None	
3	Royalties or licenses	__X__None	
4	Consulting fees	__X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: June 1, 2021

Your Name: _____ Marie Boltz

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 6/1/21
 Your Name: Kimberlyann Sulmonte
 Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants
 Manuscript number (if known): M21-1687

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 6/11/21
 Your Name: Donna M Fick
 Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: JULY 8, 2021 _____
Your Name: Priyanka Shrestha _____
Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants _____
Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___X_ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___X_ None	
3	Royalties or licenses	___X_ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/8/2021

Your Name: Edward R. Marcantonio, MD SM

Manuscript Title: Comparative Implementation of a Brief App-directed Delirium Identification Protocol by Hospitalists, Nurses, and Nursing Assistants

Manuscript number (if known): M21-1687

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
		National Institute on Aging	Grants received by participating institutions to support salary of involved investigators and staff
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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