

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 has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

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5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Section 1. Identifying Information. Given Name: Surname: Effective Date: 05-April-2010 Stephen Persell (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? ☐ Yes 🔀 No Corresponding author's name: | Saul Weiner Manuscript Title: Identifying Contextual Error: Unannounced Standardized Patients Expose Failure to Individualize Care Manuscript Identifying Number (if you know it): M10-0665 Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any	time receive pays	ment or support in ki	and for any aspect	of the submitted	work (including but not
limited to grants, data monitoring	g board, study des	ign, manuscript prepa	aration, statistical	analysis, etc)?	

	No						
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If you have more than one relationship click "Add +" to add a row. Click "Del X" to delete an extra row

Туре		y Paid ′ou*	Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					Veteran Affairs, Health Services Research and Development		Del ×
							Add +
Consulting fee or honorarium							Del ×
	'	•		'			Add +
Support for travel to meetings for the study or otherwise							Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del ×
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Туре		y Paid ′ou*	d Money to Your Institution		Name of Entity	Comments**	
Payment for writing or reviewing the manuscript	\boxtimes		\boxtimes				Del ×
	•			•			Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support			\boxtimes				Del ×
	•			•			Add +
Other	\boxtimes		\boxtimes				Del×
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Section 3. Information about relevant financial relationships 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 any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
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Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del×
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Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del ×

^{**}Use this section to provide any needed explanation



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Grants/grants pending			\boxtimes	Agency for Healthcare Research and Quality		Del ×
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Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
			1			Add +
Royalties	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

☑ No other relationships/condition	ons/circumstances that prese	ent potential conflict of interest
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Yes, the following relationships/conditions/circumstances are present (explain below):



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Surname:

Section 1. Identifying Information.

Benjamin

Given Name:

Board membership

Consultancy

Employment

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(or first)	Benjamin		(or last)	Preyss			
Are you the	e correspond	ling author?	_ ☐ Yes ⊠] No		Format example: 07-August-2	2008
Correspondin	g author's n	name: Saul	J. Weiner, MD)			
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Manuscript Io	lentifying N	Number (if y	ou know it)	REF: M10-	0665		
Section 2. Inf	ormation a	about the	support of	the work	under consideration f	or publication.	
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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Schapira 1



Section 1. Identifying Information.

Consultancy

Employment

X

X

Given Name: (or first)	Marilyn		Surname: (or last)	Schapira		Effective Date:	April 2, 2010	
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Are you the c	corresponding	author?	☐ Yes 🖂	No				
Corresponding	author's nam	e: Sau	Weiner					
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Schapira 2

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Payment for manuscript preparation						Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties						Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del ×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Schapira 3



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Weaver

Effective Date: 02-April-2010

Surname:

(or last)

Section 1. Identifying Information.

Frances

Given Name:

(or first)

Are you the correspond	ling auth	or? Yes	□ No		Format example: 07-Aug	ust-2008
Manuscript Title: Identify	ying Con	textual Error:	Unannounced St	andardized Patients Expose F	ailure to Individualize Care	
Manuscript Identifying N	Number	(if you know	v it): M10-0665			
Section 2. Information	about t	he support	t of the work	under consideration f	or publication.	
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Expert testimony	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Honoraria	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Given Name: (or first)	n	Surname: (or last)	Schwartz		Effective Date:	01-April-2010
Are you the cor	rresponding author? [Yes 🛛 N	No		Format examp	ple: 07-August-2008
Corresponding au	thor's name: Saul J	. Weiner				
Manuscript Title:	Identifying contextu	al error: Unann	ounced standardized	l patients expo	se failure to individ	ualize care
Manuscript Ident Section 2. Inform	ifying Number (if yo	· 1		onsideratio	on for publicatio	on.
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If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant				\boxtimes	US Dept of VA		Del ×
				•			Add +
Consulting fee or honorarium							Del ×
				'			Add +
Support for travel to meetings for the study or otherwise							Del ×
				'			Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	\boxtimes						Del ×
							Add +
Payment for writing or reviewing the manuscript							Del ×



Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×
							Add +
Other	\boxtimes		\boxtimes				Del ×
							Add +

Section 3. Information about relevant financial relationships 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 any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
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Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
			,			Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending				US Dept of VA		Del×

^{**}Use this section to provide any needed explanation



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Grants/grants pending			\boxtimes	National Board of Medical Examiners		Del ×
			•			Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
			•			Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del ×
		1	1			Add +
Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)				Institute for Practice and Provider Performance Improvement, Inc.	Alan Schwartz and Saul Weiner are owners of a company that provides management consulting services to health care providers and institutions interested in collecting customer service and performance data using methods employed in this study (unannounced standardized patients). They have not to date received consulting fees, honorarium, contracts or other payments.	Del ×



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner ha	ave financial relationships wit	th entities that have an interest	in the content of the
submitted work?			
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\boxtimes	No	other r	elationsl	hips/c	cond	ıtıons/	cırcum	stances	that	present	t potenti	al conf	lict of	t interest
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Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institution	onal, religious, or other)
that a reasonable reader would want to know about in relation to the submitted work?	

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Jacobs

Effective Date: 01-April-2010

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Surname:

Section 1. Identifying Information.

Elizabeth

Given Name:

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Are you the	correspond	ing autho	or? [Yes	⊠ No		Format example: 07-August-	2008
Corresponding	g author's n	ame: S	aul Weiner				
3.5						- 11	
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Board membership	p	\boxtimes					Del >
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Honoraria	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del×
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Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the

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Section 1. Identifying Information.

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Corresponding	g author's na	me: Sau	l Weiner, MD					
Manuscript Ti	itle: Failure to	o Individua	alize Care: An	Unannounce	d Standardized Patient	Experiment on Conte	xtual Error	
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Board membershi	p							Del
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
'		1	'			Add +
Gifts	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Honoraria						Del ×
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Payment for manuscript preparation						Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties						Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del ×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
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Section 1. Ide	entifying Informatio	n.				
Given Name: (or first)	Saul	Surname: (or last)	Weiner		Effective Date:	02-April-2010
Are you the	e corresponding author?	Yes I	No		Format examp	ple: 07-August-2008
Manuscript T	itle: Identifying Context	tual Error: Unanr	ounced Standard	dized Patients Exp	pose Failure to Individ	dualize Care
Manuscript Io	dentifying Number (if	you know it):	M10-0665			
Did you or you	ormation about the r institution at any time as, data monitoring board	receive payment	or support in ki	nd for any aspec	t of the submitted we	
☐ No						
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If you have more than one relationship, click "Add +" to add a row. Click "Del \times " to delete an extra row.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	\boxtimes			\boxtimes	Dept of Veterans Affairs	Study funded by VA HSR&D	Del ×
	•	•		•			Add +
Consulting fee or honorarium			\boxtimes				Del ×
	•						Add +
Support for travel to meetings for the study or otherwise		\boxtimes		\boxtimes	Dept of Veterans Affairs	The VA reimbursed my travel for presenting research at meetings	Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			\boxtimes				Del ×
							Add +
Payment for writing or reviewing the manuscript			\boxtimes				Del ×
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Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
Support in kind such as writing, provision of medicines or equipment, or administrative support			\boxtimes				Del ×
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Other			\boxtimes				Del ×

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Consultancy	\boxtimes					Del×
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Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del×
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Grants/grants pending	\boxtimes					Del ×
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Royalties	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)				Institute for Practice and Provider Performance Improvement.	My co-author, Alan Schwartz, and I have recently founded a firm with the intention of employing unannounced standardized patient (USP) assessments a method utilized in our study to practices as a quality improvement service. We have not at this point received any fees or contracts.	Del×
		1	1		1	Add +



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Sharma 1



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Given Name: (or first)	Gunjan	Surname: (or last)	Sharma	Effective Date:	04-April-2010
Are you the	Are you the corresponding author? Yes No Manuscript Title: Manuscript Identifying Number (if you know it): ection 2. Information about the support of the work under consideration for Did you or your institution at any time receive payment or support in kind for any aspect of the			Format examp	ple: 07-August-2008
Manuscript T	itle: Unannounced Stand	ardized Patien	ts Expose Failure to Individualize	Care	
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☐ No					
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If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре		y Paid ′ou*	Yo	ey to our oution	Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					HSR&D	This study was supported by the U.S. Department of Veterans Affairs, Health Services Research & Development Service.	Del ×
							Add +
Consulting fee or honorarium			\boxtimes				Del ×
		,				•	Add +
Support for travel to meetings for the study or otherwise							Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del×
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Туре	Money to Y		Yo	ey to our oution	Name of Entity	Comments**	
Payment for writing or reviewing the manuscript	\boxtimes		\boxtimes		HSR&D		Del ×
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Support in kind such as writing, provision of medicines or equipment, or administrative support					HSR&D		Del ×
				•			Add +
Other	\boxtimes			\boxtimes			Del ×
							Add +

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership						Del ×
	•		,			Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del×
						Add +
Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del ×

^{**}Use this section to provide any needed explanation



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
			,			Add +
Grants/grants pending						Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del ×
						Add +
Stock/stock options						Del ×
			,			Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or	your spouse or pa	artner have financi	ial relationships	with entities	that have an	interest in the	content o	f the
submitted work?								

No other relationships/conditions	/circumstances that present	t potential conflict of interest
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Yes, the following relationships/conditions/circumstances are present (explain below):



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Section 1. Ide	entifying Information	on.			
Given Name: (or first)	Amy	Surname: (or last)	Binns-Calvey	Effective Date:	14-April-201
Are you th	e corresponding author	P Yes N	No	Format exam	ple: 07-August-2008
Manuscript T	itle: Identifying Contex	ktual Error: Unann	ounced Standardized F	Patients Expose Failure to Individ	dualize Care
Manuscript I	dentifying Number (if	you know it):	M10-0665		
Did you or you	ir institution at any time	receive payment	or support in kind for	nsideration for publication any aspect of the submitted we not not statistical analysis, etc)?	
☐ No					
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If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Туре		y Paid 'ou*	Yo	ey to our tution	Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					HSR&D	This study was supported by the US Department of Veterans Affairs, Health Services Research and Development Service	Del ×
							Add +
Consulting fee or honorarium			\boxtimes				Del ×
	,						Add +
Support for travel to meetings for the study or otherwise							Del ×
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Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	\boxtimes						Del×
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Туре		y Paid ′ou*	Yo	ey to our oution	Name of Entity	Comments**	
Payment for writing or reviewing the manuscript	\boxtimes		\boxtimes				Del ×
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Support in kind such as writing, provision of medicines or equipment, or administrative support			\boxtimes				Del ×
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Other	\boxtimes			\boxtimes			Del ×
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						Add +
Consultancy	\boxtimes					Del×
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Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
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\boxtimes	o other relationships/conditions/circumstances that present potential conflict of interes
	es, the following relationships/conditions/circumstances are present (explain below):



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Effective Date: 27 April 2010

Format example: 07-August-2008

Surname:

Section 2. Information about the support of the work under consideration for publication.

(or last)

Are you the corresponding author? The Yes No _ Square Yes

Manuscript Identifying Number (if you know it): | MID-0665

Section 1. Identifying Information.

Manuscript Title: I Dent Gup

Given Name:

(or first)

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Yes, specify nature	of comp	ensation S	ubcontract	for unannounce	ed standardize	ب
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	The state of the s
Gifts	½					Del ×
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Grants/grants pending	1/2					Del ×
						Add+
Honoraria						Del×
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Payment for manuscript preparation	മ					Del ×
	,	<u> </u>	<u> </u>			Add +
Patents (planned, pending or issued)	A					Del ×
			I		1	Add +
Royalties	A					Del×
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Payment for development of educational presentations including service on speakers' bureaus	×					Del×
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Stock/stock options	X					Del×
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Travel/accommodations expenses covered or reimbursed	Ø					Del×
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Other (err on the side of full disclosure)	×					Del×
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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?	
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Given Name: Julie		Surname: (or last)	Goldberg		Effective Date: Format examp	27-April-2010 ole: 07-August-2008
Are you the corresponding aut	hor's name: Saul W		No			
Manuscript Title:	Identifying Contextua	al Error: Unanr	nounced Standardize	d Patients Exp	oose Failure to Individ	lualize Care
Manuscript Identif	ying Number (if yo	ou know it):	M10-0665			
Section 2. Informa Did you or your institution limited to grants, data No Yes, specify to	tution at any time rec	ceive payment study design, 1	t or support in kind t	for any aspect	t of the submitted we	

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре		y Paid ′ou*	Yo	ey to our tution	Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	\boxtimes				Veterans Administration, Health Services Research and Development; Investigator initiated MERIT award		Del×
							Add +
Consulting fee or honorarium							Del×
		•		•			Add +
Support for travel to meetings for the study or otherwise	\boxtimes						Del ×
				•			Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del×



Туре		y Paid ′ou*	Money to Your Institution		Name of Entity	Comments**	
							Add +
Payment for writing or reviewing the manuscript							Del ×
	•						Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×
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Other							Del ×
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						Add +
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		Γ	1		1	Add +
Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties	\boxtimes					Del ×
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