

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.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Fonseca

3. Date

31-May-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Validation of the V49.86 Code for Do-Not-Resuscitate Status in Hospitalized Patients at a Single Academic Medical Center

6. Manuscript Identifying Number (if you know it)

White-201804-257RL

Section 2. The Work Under Consideration for Publication

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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

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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.

Ms. Fonseca has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
May

2. Surname (Last Name)
Hua

3. Date
31-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Validation of the V49.86 Code for Do-Not-Resuscitate Status in Hospitalized Patients at a Single Academic Medical Center

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Federation for Aging Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Hua reports grants from National Institute on Aging, grants from American Federation for Aging Research, during the conduct of the study; .

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1. Given Name (First Name) Xiaoyue	2. Surname (Last Name) Ma	3. Date 31-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Validation of the V49.86 Code for Do-Not-Resuscitate Status in Hospitalized Patients at a Single Academic Medical Center	_____	
6. Manuscript Identifying Number (if you know it) White-201804-257RL	_____	

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1. Given Name (First Name)
Allan

2. Surname (Last Name)
Walkey

3. Date
31-May-2018

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

5. Manuscript Title
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Dr. Walkey reports grants from National Heart, Lung and Blood Institute, during the conduct of the study; .

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