

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Barbara	2. Surname (Last Name) Jones	3. Date 29-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A Doran Bostwick
5. Manuscript Title Potential Impact of HAP Guidelines on Empiric Antibiotics: An Evaluation of 113 VA Medical Centers		
6. Manuscript Identifying Number (if you know it) White-201902-162OC.R3		

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Dr. Jones has nothing to disclose.

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1. Given Name (First Name) Matthew	2. Surname (Last Name) Goetz	3. Date 02-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A Doran Bostwick
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1. Given Name (First Name) Matthew	2. Surname (Last Name) Samore	3. Date 29-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A Doran Bostwick
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Section 1. Identifying Information

1. Given Name (First Name)
Anne

2. Surname (Last Name)
Bostwick

3. Date
02-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Potential Impact of HAP Guidelines on Empiric Antibiotics: An Evaluation of 113 VA Medical Centers

6. Manuscript Identifying Number (if you know it)
White-201902-162OC

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1. Given Name (First Name)
Paine

2. Surname (Last Name)
Robert

3. Date
29-August-2019

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

5. Manuscript Title
Potential Impact of HAP Guidelines on Empiric Antibiotics: An Evaluation of 113 VA Medical Centers

6. Manuscript Identifying Number (if you know it)
White-201902-162OC.R3

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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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Robert reports grants from NHLBI, grants from Department of Veterans Affairs, and grants from COPD Foundation, outside the submitted work.

Evaluation and Feedback

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