

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.

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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)
Daniel

2. Surname (Last Name)
Puebla Neira

3. Date
01-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Readmissions Reduction Program, Mortality and Readmissions for Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)
Blue-202002-0310OC

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Are there any relevant conflicts of interest? Yes No

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Dr. Puebla Neira has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
En Shuo

2. Surname (Last Name)
Hsu

3. Date
13-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Readmissions Reduction Program, Mortality and Readmissions for Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Hsu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Yong-Fang

2. Surname (Last Name)
Kuo

3. Date
13-February-2020

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

5. Manuscript Title
Readmissions Reduction Program, Mortality and Readmissions for Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)
Daniel Puebla Neira

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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
UTMB CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P30 AG024832
Agency of Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01-HS020642

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Dr. Kuo reports grants from UTMB CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER , grants from Agency of Healthcare Research and Quality, during the conduct of the study; .

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1. Given Name (First Name) Kenneth 2. Surname (Last Name) Ottenbacher 3. Date 13-February-2020

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Ottenbacher reports grants from NIH, during the conduct of the study; .

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Boehringer Ingelheim Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Mylan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Sunovion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board



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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. Sharma reports other from Boehringer Ingelheim Pharmaceuticals, other from Mylan, other from AstraZeneca, other from Sunovion, outside the submitted work; .

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