

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for 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 requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" 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 with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Jacqueline

2. Surname (Last Name) _____
Grady

3. Date _____
28-September-2020

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

5. Manuscript Title _____
Apparent Increase in COPD Mortality likely an Artifact of Changes in Documentation and Coding

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Medicare & Medicaid Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract from the Centers for Medicare & Medicaid Services to develop and maintain measures of hospital performance that are publicly reported
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No



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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Grady reports other from Centers for Medicare & Medicaid Services , from null, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Lindenauer

3. Date
27-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Apparent Increase in COPD Mortality likely an Artifact of Changes in Documentation and Coding

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
Centers for Medicare and Medicaid Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract

Section 3. Relevant financial activities outside the submitted work.

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Dr. Lindenauer reports grants and contracts from the Centers for Medicare and Medicaid Services, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Karen

2. Surname (Last Name)
Sheares

3. Date
29-September-2020

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

5. Manuscript Title
Apparent Increase in COPD Mortality likely an Artifact of Changes in Documentation and Coding

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date

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

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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CMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contracts from the Centers for Medicare & Medicaid Services to develop and maintain measures of hospital performance that are publicly reported.

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1. Given Name (First Name)
Huihui

2. Surname (Last Name)
Yu

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28-September-2020

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Corresponding Author's Name
Peter Lindenauer

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