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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Karl
2. Surname (Last Name)  Madaras-Kelly
3. Effective Date (07-August-2008)  23-December-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Total Duration of Antimicrobial Therapy in Veterans Hospitalized With Uncomplicated Pneumonia: Results of a National Medication Utilization Evaluation
6. Manuscript Identifying Number (If you know it)
JHM-15-0639

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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Relevant financial activities outside the submitted work

Madaras-Kelly
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**Section 4: Other relationships**

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Madaras-Kelly
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Section 1. Identifying Information

1. Given Name (First Name)  
   Muriel

2. Surname (Last Name)  
   Burk

3. Effective Date (07-August-2008)  
   21-December-2015

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Karl Madaras-Kelly

5. Manuscript Title  
   National Medication Use Evaluation of the Total Duration of Antimicrobial Therapy in Veterans Hospitalized With Pneumonia

6. Manuscript Identifying Number (if you know it)

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<th>Money to Your Institution*</th>
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<td>13. Other (err on the side of full disclosure)</td>
<td>☑️</td>
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2. Surname (Last Name)  Caplinger
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   Corresponding Author's Name  Karl Madaras-Kelly
5. Manuscript Title
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<td>ADD</td>
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<td>10. Payment for development of educational presentations</td>
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<td>☐</td>
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<td>11. Stock/stock options</td>
<td>✓</td>
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**Hide All Table Rows Checked 'No'**

**SAVE**
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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)  Jefferson
2. Surname (Last Name)  Bohan
3. Effective Date (07-August-2008)  14-December-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Karl Madaras-Kelly

5. Manuscript Title
National Medication Use Evaluation of the Total Duration of Antimicrobial Therapy in Veterans Hospitalized With Pneumonia

6. Manuscript Identifying Number (if you know it)

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Bohan
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Neuhauser
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Melinda
2. Surname (Last Name) Neuhauser
3. Effective Date 07-August-2008 21-December-2015
4. Are you the corresponding author? Yes No
   Corresponding Author's Name Karl Madaras-Kelly
5. Manuscript Title National Medication Use Evaluation of the Total Duration of Antimicrobial Therapy in Veterans Hospitalized With Pneumonia
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---

Goetz
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Goetz
3. Effective Date (07-August-2008) 17-December-2015

4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author's Name Karl J Madaras-Kelly

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

- Six weeks after implementation (face-to-face). From the grant, “Focus groups will be conducted at each site after the first month of implementation to both enhance awareness of the program components as well as to proactively identify issues...”

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### Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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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. Other relationships.
   
   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  Rongping
2. Surname (Last Name)  Zhang
3. Effective Date (07-August-2008)  17-December-2015
4. Are you the corresponding author?  Yes ☑ No
Corresponding Author's Name  Karl Madaras-Kelly
5. Manuscript Title
National Medication Use Evaluation of the Total Duration of Antimicrobial Therapy in Veterans Hospitalized With Pneumonia
6. Manuscript Identifying Number (if you know it)

Section 2: The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

### The Work Under Consideration for Publication

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution</th>
<th>Name of Entity</th>
<th>Comments**</th>
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<td>Grant</td>
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<td>Fees for participation in review activities such as data monitoring boards, statistical analysis, endpoint committees, and the like</td>
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<tr>
<td>Payment for writing or reviewing the manuscript</td>
<td>☑</td>
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<td>Provision of writing assistance, medicines, equipment, or administrative support</td>
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Zhang
ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication

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<tr>
<td>7. Other</td>
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* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3 Relevant financial activities 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 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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<td>1. Board membership</td>
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<tr>
<td>2. Consultancy</td>
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<td>3. Employment</td>
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<tr>
<td>4. Expert testimony</td>
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<tr>
<td>5. Grants/grants pending</td>
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<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
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<tr>
<td>7. Payment for manuscript preparation</td>
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### Relevant financial activities outside the submitted work

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<tbody>
<tr>
<td>8. Patents (planned, pending or issued)</td>
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<td>9. Royalties</td>
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<td>10. Payment for development of educational presentations</td>
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<td>11. Stock/stock options</td>
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<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✓</td>
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### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Francesca
2. Surname (Last Name)  Cunningham
3. Effective Date (07-August-2006)  23-December-2015
4. Are you the corresponding author?  Yes  No  Corresponding Author's Name  Madaras-Kelly
5. Manuscript Title  Total Duration of Antimicrobial Therapy in Veterans Hospitalized With Uncomplicated Pneumonia: Results of a National Medication Utilization Evaluation
6. Manuscript Identifying Number (if you know it)  JHM-15-0639

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

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Relevant financial activities outside the submitted work

Cunningham
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