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) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| En Shuo                   | Hsu                    | 22-October-2020 |

4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
   Response Letter

6. Manuscript Identifying Number (if you know it)
   Blue-202010-3855LE

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 [x] No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
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Section 6. Disclosure Statement

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Dr. Hsu has nothing to disclose.

Evaluation and Feedback

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yong-Fang
2. Surname (Last Name) Kuo
3. Date 22-October-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Response Letter
6. Manuscript Identifying Number (if you know it) Blue-202010-3855LE

Corresponding Author’s Name Daniel Puebla Neira

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.)? Yes

Are there any relevant conflicts of interest? 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 | Yes | No | No | No | P30 AG024832 |
| Agency of Healthcare Research and Quality | Yes | No | No | No | R01-HS020642 |

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? No
Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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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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Section 1. Identifying Information

1. Given Name (First Name) Kenneth
2. Surname (Last Name) Ottenbacher
3. Date 22-October-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Response Letter
6. Manuscript Identifying Number (if you know it) Blue-202010-3855LE

Section 2. The Work Under Consideration for Publication

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| NIH                         | ✔      |               |                        |        |          |

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Are there any relevant conflicts of interest? Yes

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

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Corresponding Author's Name
D. Puebla Neira

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Puebla Neira

3. Date  
   22-October-2020

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

5. Manuscript Title  
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Dr. Puebla Neira has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gulshan

2. Surname (Last Name)  
   Sharma

3. Date  
   22-October-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Daniel Puebla Neira

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   ✔ Yes  [ ] No

If yes, please fill out the appropriate information below.

| Name of Entity                | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments            |
|------------------------------|--------|----------------|------------------------|--------|---------------------|
| Boehringer Ingelheim Pharmaceuticals | ✔      | ✔              |                        |        | Advisory board      |
| Mylan                        | ✔      |                |                        |        | Advisory board      |
| AstraZeneca                  | ✔      |                |                        |        | Advisory board      |
| Sunovion                     | ✔      | ✔              |                        |        | 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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