ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

Vallabhajosyula
## Section 1. Identifying Information

1. Given Name (First Name)  
Saraschandra  

2. Surname (Last Name)  
Vallabhajosyula  

3. Date  
22-October-2020  

4. Are you the corresponding author?  
✔ Yes  
No  

5. Manuscript Title  
Influence of Primary Payer Status on Non-ST-Segment Elevation Myocardial Infarction: 18-Year National Temporal Trends, Management and Outcomes  

6. Manuscript Identifying Number (if you know it)  
ATM-20-5193

## 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  

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 |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| NCATS                       | ✔      | ☐              | ☐                      | ☐      | Dr. Saraschandra Vallabhajosyula is supported by the Clinical and Translational Science Award (CTSA) Grant Number UL1 TR000135 from the National Center for Advancing Translational Sciences (NCATS), a component of the National Institutes of Health (NIH). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of NIH |

## Section 3. Relevant financial activities outside the submitted work.

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☐ Yes  
✔ No
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☐ Yes  ☑ No

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Dr. Vallabhajosyula reports grants from NCATS, 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) Viral
2. Surname (Last Name) Desai
3. Date 22-October-2020

4. Are you the corresponding author? Yes ☒ No

Corresponding Author's Name Saraschandra Vallabhajosyula

5. Manuscript Title
Influence of Primary Payer Status on Non-ST-Segment Elevation Myocardial Infarction: 18-Year National Temporal Trends, Management and Outcomes

6. Manuscript Identifying Number (if you know it) ATM-20-5193

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Dr. Desai 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)  Pranathi
2. Surname (Last Name)  Sundaragiri
3. Date  22-October-2020
4. Are you the corresponding author?  No

Corresponding Author's Name  Saraschandra Vallabhajosyula

5. Manuscript Title  Influence of Primary Payer Status on Non-ST-Segment Elevation Myocardial Infarction: 18-Year National Temporal Trends, Management and Outcomes
6. Manuscript Identifying Number (if you know it)  ATM-20-5193

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Dr. Sundaragiri has nothing to disclose.

Evaluation and Feedback

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Cheungpasitporn
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)          Wisit
2. Surname (Last Name)             Cheungpasitporn
3. Date                            22-October-2020
4. Are you the corresponding author?  Yes
5. Manuscript Title
   Influence of Primary Payer Status on Non-ST-Segment Elevation Myocardial Infarction: 18-Year National Temporal Trends, Management and Outcomes
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Dr. Cheungpasitporn has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Rajkumar

2. Surname (Last Name)  
Doshi

3. Date  
22-October-2020

4. Are you the corresponding author?  
☑ No

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Influence of Primary Payer Status on Non-ST-Segment Elevation Myocardial Infarction: 18-Year National Temporal Trends, Management and Outcomes

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### Corresponding Author's Name
Saraschandra Vallabhajosyula

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4. **Intellectual Property.**

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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) | Vikas |
|---------------------------|------|
| 2. Surname (Last Name)    | Singh|
| 3. Date                   | 22-October-2020 |

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

| Corresponding Author's Name |
|-----------------------------|
| Saraschandra Vallabhajosyula |

5. Manuscript Title  
   Influence of Primary Payer Status on Non-ST-Segment Elevation Myocardial Infarction: 18-Year National Temporal Trends, Management and Outcomes

6. Manuscript Identifying Number (if you know it)  
   ATM-20-5193

## 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  
   ✔ No

## 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 publication.

Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ No
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?

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Dr. Singh 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) Allan
2. Surname (Last Name) Jaffe
3. Date 22-October-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author's Name Saraschandra Vallabhajosyula

5. Manuscript Title
   Influence of Primary Payer Status on Non-ST-Segment Elevation Myocardial Infarction: 18-Year National Temporal Trends, Management and Outcomes
6. Manuscript Identifying Number (if you know it) ATM-20-5193

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 ☑

Section 3. Relevant financial activities outside the submitted work.

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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 |
|----------------|--------|----------------|------------------------|--------|----------|
| Beckman        | ☐      | ☐              | ☐                      | ☑      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |
| Abbott         | ☐      | ☐              | ☐                      | ☑      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |
| Siemens        | ☐      | ☐              | ☐                      | ☑      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |
### ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|-----------------|------------------------|--------|----------|
| ET Healthcare  | ☐      | ☐              | ☐                      | ✗      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |
| Sphingotec     | ☐      | ☐              | ☐                      | ✗      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |
| Quidel         | ☐      | ☐              | ☐                      | ✗      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |
| Brava          | ☐      | ☐              | ☐                      | ✗      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |
| Novartis       | ☐      | ☐              | ☐                      | ✗      | Dr. Jaffe has been a consultant for Beckman, Abbott, Siemens, ET Healthcare, Sphingotoec, Quidel, Brava, and Novartis |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✗ No

### Section 5. Relationships not covered above

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**Disclosure Statement**

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Dr. Jaffe reports other from Beckman, other from Abbott, other from Siemens, other from ET Healthcare, other from Sphingotec, other from Quidel, other from Brava, other from Novartis, outside the submitted work.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  Amir
2. Surname (Last Name)  Lerman
3. Date  22-October-2020
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author’s Name  Saraschandra Vallabhajosyula
5. Manuscript Title
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Are there any relevant conflicts of interest?  Yes  No  ✔

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Barsness

3. Date  
   22-October-2020

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

   Corresponding Author’s Name  
   Saraschandra Vallabhajosyula

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