

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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

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Section 1. Identifying Information

1. Given Name (First Name)

Yusuke

2. Surname (Last Name)

Tsugawa

3. Date

16-August-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Association between physician U.S. News & World Report medical school ranking and patient outcomes and costs of care: observational study

6. Manuscript Identifying Number (if you know it)

BMJ.2018.044856.R2

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Dr. Tsugawa has nothing to disclose.

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1. Given Name (First Name)

Endel

2. Surname (Last Name)

Orav

3. Date

17-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yusuke Tsugawa

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Ashish	2. Surname (Last Name) Jha	3. Date 14-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yusuke Tsugawa
5. Manuscript Title Association between physician U.S. News & World Report medical school ranking and patient outcomes and costs of care: observational study		
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Anupam

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Jena

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14-August-2018

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Yusuke Tsugawa

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1DP5OD017897-01

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees
Hill Rom Services, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees
Bristol Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees

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Novartis Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees
Vertex Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees
Precision Health Economics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees
Analysis Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees

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Dr. Jena reports grants from NIH, during the conduct of the study; personal fees from Pfizer, personal fees from Hill Rom Services, Inc, personal fees from Bristol Myers Squibb, personal fees from Novartis Pharmaceuticals, personal fees from Vertex Pharmaceuticals, personal fees from Precision Health Economics, personal fees from Amgen, personal fees from Eli Lilly, personal fees from Analysis Group, outside the submitted work; .

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1. Given Name (First Name) Daniel	2. Surname (Last Name) Blumenthal	3. Date 14-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yusuke Tsugawa
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