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)**
   - Thomas

2. **Surname (Last Name)**
   - Barber

3. **Date**
   - 14-August-2015

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

5. **Manuscript Title**
   - Ethics of the Physician’s Role in Healthcare Cost Control

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 (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

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

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

- ✗ Yes    ✔ No
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Dr. Barber 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)  
Chloe

2. Surname (Last Name)  
Barron

3. Date  
14-August-2015

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Joseph Bosco, MD

5. Manuscript Title  
Ethics of the Physician’s Role in Healthcare Cost Control

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?  
No

Section 4. Intellectual Property -- Patents & Copyrights

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

Barron
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**Section 5. Relationships not covered above**

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Dr. Barron has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Joseph

2. Surname (Last Name) 
   Bosco

3. Date 
   14-August-2015

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

5. Manuscript Title 
   Ethics of the Physician’s Role in Healthcare Cost Control

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Arthur
2. Surname (Last Name)  Caplan
3. Date  14-August-2015
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title
   Ethics of the Physician’s Role in Healthcare Cost Control

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<tbody>
<tr>
<td>Richard</td>
<td>Iorio</td>
<td>14-August-2015</td>
</tr>
</tbody>
</table>

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

**Corresponding Author’s Name**

Joseph Bosco, MD

5. Manuscript Title

Ethics of the Physician’s Role in Healthcare Cost Control

6. Manuscript Identifying Number (if you know it)

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Dr. Iorio has nothing to disclose.

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