

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michelle

2. Surname (Last Name)  
Shnayder

3. Date  
10-April-2020

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

5. Manuscript Title  
Considering Self-Reported Baseline Function and Cognition in Predicting Post-Operative Complications Among Older Adults

6. Manuscript Identifying Number (if you know it)  
APM-20-816

### 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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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. Shnayder has nothing to disclose.

### 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)  
John

2. Surname (Last Name)  
Montgomery

3. Date  
07-April-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Michelle Shnyder

5. Manuscript Title  
Considering Self-Reported Baseline Function and Cognition in Predicting Post-Operative Complications Among Older Adults

6. Manuscript Identifying Number (if you know it)  
APM-20-816

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Dr. Montgomery has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Abrahamse

3. Date  
08-April-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Considering Self-Reported Baseline Function and Cognition in Predicting Post-Operative Complications Among Older Adults

6. Manuscript Identifying Number (if you know it)  
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1. Given Name (First Name)  
Pasithorn

2. Surname (Last Name)  
Suwanabol

3. Date  
07-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michelle Shnyder

5. Manuscript Title  
Considering Self-Reported Baseline Function and Cognition in Predicting Post-Operative Complications Among Older Adults

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American College of Surgeons Thomas R. Russell Faculty Research Fellowship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Society grant funding
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Suwanabol reports grants from American College of Surgeons Thomas R. Russell Faculty Research Fellowship, from null, outside the submitted work; .

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