

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## The work under consideration for publication.

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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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Rathnayake 1



Section 1.	Identifying Inform	ation			
Given Name (First Name)  Dimuthu		2. Surname (Last Name) Rathnayake		3. Date 27-August-2019	
4. Are you the corresponding author?		✓ Yes	No		
<ul> <li>5. Manuscript Title</li> <li>Introduce new paper-based outpatient morbidity recording system to outpatient departments of public hospitals in Sri</li> <li>Lanka: feasibility study</li> <li>6. Manuscript Identifying Number (if you know it)</li> <li>JHMHP-19-53</li> </ul>					
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Section 2.	The Work Under Co	onsiderat	tion for Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not lim	t or services from a third party (government, co ited to grants, data monitoring board, study d Yes 🕡 No		
Section 3.	Relevant financial	activities	outside the submitted work.		
of compensation clicking the "Add	) with entities as descri	bed in the port relatio	e to indicate whether you have financial re instructions. Use one line for each entity; onships that were <b>present during the 36 r</b> Yes   No	add as many lines as you need by	
Section 4.	Intellectual Proper	ty Pate	nts & Copyrights		
Do you have any	patents, whether plan	ned, pendi	ng or issued, broadly relevant to the work	x? ☐ Yes ✓ No	

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Section 5. Relationships not covered above
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Rathnayake has nothing to disclose.

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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Section 1.	Identifying Inform	ation			
Given Name (First Name) Champika		2. Surname (Last Name) Wikramasinghe	3. Date 25-August-2019		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dimuthu Rathnayake		
5. Manuscript Title A logic framework for evaluating social determinants of health		determinants of health int	erventions in primary care		
6. Manuscript Iden	tifying Number (if you kn	ow it)			
			-		
Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellestual Duaman	tur Datamta 8 Cammia	.b.t.		
	intellectual Proper	ty Patents & Copyrig	ints —		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

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Weerabaddana 1



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1. Given Name (Fi Chaminda	rst Name)	2. Surname (Last Name) Weerabaddana	3. Date 27-August-2018			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dimuthu Rathnayake			
5. Manuscript Title Introduce new paper-based outpatient morbidity recording system to outpatient departments of public hospitals Lanka: feasibility study						
6. Manuscript Ide	ntifying Number (if you kr	now it)				
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of compensation clicking the "Add	n) with entities as descri I +" box. You should rep	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amour se one line for each entity; add as many lines as you need b re <b>present during the 36 months prior to publication</b> .			
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