

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.

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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

DePuccio 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) DePuccio)	3. Date 09-July-2020
4. Are you the corresponding author?		✓ Yes No		
 5. Manuscript Title Team strategies to manage vulnerable patients' complex health and social needs: Considerations for implementing team-based primary care 6. Manuscript Identifying Number (if you know it) 				
Section 2.	The Work Under C	onsideration for Pub	lication	
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 Vo No				
Section 3.	Relevant financial	activities outside th	e submitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. port relationships that w	Use one line for each entity; a vere present during the 36 n	lationships (regardless of amount add as many lines as you need by nonths prior to publication .
Section 4.	Intellectual Prope	rty Patents & Copy	rights	
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to the work	? ☐ Yes ✓ No

DePuccio 2



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✓ Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
Dr. DePuccio received a dissertation award from the Virginia Commonwealth University Department of Health Administration which supported data collection and analysis for this study.
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patent

McClelland 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir	1. Given Name (First Name) 2. Surname (Last Name) Laura McClelland		3. Date 09-July-2020	
4. Are you the corresponding author?		Yes	✓ No	Corresponding Author's Name Matthew DePuccio
5. Manuscript Title Team strategies to manage vulnerable patients' complex health and social needs: Considerations for implementing teambased primary care 6. Manuscript Identifying Number (if you know it)				
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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 Vo				
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Do you have any	patents, whether plan	ned, pendi	ng or issued, br	oadly relevant to the work? ☐ Yes ✓ No

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Dr. McClelland has nothing to disclose.				

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Vogus 1



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1. Given Name (First Name) 2. Surname (Last Name) Vogus		3. Date 09-July-2020		
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Vogus 2



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patent

Mittler 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Jessica	2. Surname (Last Name) Mittler	3. Date 29-June-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Matthew DePuccio		
5. Manuscript Title Team strategies to manage vulnerable patients' complex health and social needs: Considerations for implementing teambased primary care 6. Manuscript Identifying Number (if you know it)				
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Singer 1



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