

#### **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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Ramamonjiarivelo 1



Section 1.	Identifying Inform	ation		
	identifying inform	ation		
1. Given Name (Firs	t Name)		me (Last Name) onjiarivelo	3. Date 01-August-2020
4. Are you the corre	esponding author?	✓ Yes	No	
5. Manuscript Title Does the Provisio	n of High-Technology	Health Se	rvices Change after the Privatization	of Public Hospitals?
6. Manuscript Ident	tifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	nsidera	tion for Publication	
any aspect of the su statistical analysis, e	bmitted work (including	but not lim	nt or services from a third party (governmented to grants, data monitoring board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3.	Relevant financial a	ctivities	s outside the submitted work.	
of compensation) clicking the "Add	with entities as describ	oed in the ort relatio		cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .
Section 4.	Intellectual Duamon	u. Dob	oute 9 Commission	
	Intellectual Proper	ty Pate	ents & Copyrights	
Do you have any p	oatents, whether planr	ied, pendi	ing or issued, broadly relevant to the	work? Yes V No

Ramamonjiarivelo 2



Section 5.	
Section 5.	Relationships not covered above
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Dr. Ramamonjia	rivelo has nothing to disclose.

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Zengul 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Ferhat	2. Surname (Last Name) Zengul	3. Date 01-August-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Zo Ramamonjiarivelo	
5. Manuscript Title Does the Provision of High-Technology	Health Services Change a	fter the Privatization of Public Hospitals?	
6. Manuscript Identifying Number (if you kr JHMHP-20-111	now it)		
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Patien Epané 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Josué	2. Surname (Last Name) Patien Epané	3. Date 01-August-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Zo Ramamonjiarivelo	
5. Manuscript Title  Does the Provision of High-Technology	/ Health Services Change a	fter the Privatization of Public Hospitals?	
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Section 4. Intellectual Prope	rty Patents & Copyrig	ahts	
Do you have any patents, whether plan			

Patien Epané 2



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Hearld 1



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Hearld 2



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McRoy 1



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#### Definitions.

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether

earning royalties or not

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

patent

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Section 1.	Identifying Infor	mation			
1. Given Name (Fi Robert	rst Name)	2. Surname (Last Nam Weech-Maldonado	ne)	3. Date 01-August-2	020
4. Are you the corresponding author?		☐ Yes ✓ No	Yes No Corresponding Author's Na Zo Ramamonjiarivelo		
5. Manuscript Title Does the Provisi		y Health Services Chan	ge after the Privati	zation of Public Hospitals?	
6. Manuscript Ide	ntifying Number (if you k	know it)			
	ı				
Section 2.	The Work Under (	Consideration for Pu	ıblication		
any aspect of the s statistical analysis,	submitted work (includinetc.)?	g but not limited to gran	s, data monitoring b	overnment, commercial, priva ooard, study design, manuscrip	
Are there any rei	evant conflicts of inte	rest? Yes 🗸 🗅	NO		
Section 3.	Relevant financia	l activities outside t	he submitted w	ork.	
of compensation	n) with entities as desc	ribed in the instruction	s. Use one line for	e financial relationships (re each entity; add as many li ring the 36 months prior t	nes as you need by
Are there any rel	evant conflicts of inte	rest? ✓ Yes	lo		
If yes, please fill o	out the appropriate in	formation below.			
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
National Science Foundation		<b>✓</b>			
Agency for Healthcare Research and Quality		<b>✓</b>			
National Institute on	Aging	<b>✓</b>			
RAND/Centers for Medicare and Medicaid		<b>✓</b>			

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Section 4.	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes V
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	onado reports grants from National Science Foundation, grants from Agency for Healthcare Research and rom National Institute on Aging, grants from RAND/Centers for Medicare and Medicaid Services, outside vork; .

## **Evaluation and Feedback**

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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