Date:7.6.2021				
Your Name:Cynthia J Sieck				
Manuscript Title: Training to Improve Patient-Centered EHR Use				
Manuscript number (if known): JHMHP-2020-IP-13(JHMHP-20-121)				

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_xNone	
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3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	x_None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	_xNone			
	testimony				
7	Support for attending	xNone			
	meetings and/or travel				
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8	Patents planned, issued or	x None			
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9	Participation on a Data	x_None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	xNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	_xNone			
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12	Receipt of equipment,	x None			
12	materials, drugs, medical	XIVOITE			
	writing, gifts or other				
	services				
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13	Other financial or non-	xNone			
	financial interests				
Plea	ase summarize the above co	onflict of interest in the fol	owing box:		
	have no conflicts of interest to	roport			
'	I have no conflicts of interest to report.				

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:07/07/21	
Your Name: Brian Henrikse	
Manuscript Title:	
Manuscript number (if kno	/n):

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4	Consulting fees	xNone	

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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	xNone		
	testimony			
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	x_None		
	Safety Monitoring Board or			
_	Advisory Board			
10	Leadership or fiduciary role	x_None		
	in other board, society,			_
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	xNone		
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12	Receipt of equipment,	xNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	x_None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	None			

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:		
Your Nam	ne:		
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to th	following questions app ne <u>current</u> nuscript only.	oly to the author's rela	tionships/activities/interests as they relate
man to th of an In ite	nuscript pertains ne epidemiology of hype ntihypertensive medica	ertension, you should o tion, even if that medio support for the work r	uld be defined broadly. For example, if your declare all relationships with manufacturers cation is not mentioned in the manuscript. eported in this manuscript without time s.
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	medical writing, article		
	processing charges,		
	etc.) No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts	None	
	from any entity (if not		
	indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers	None	
	bureaus, manuscript writing or educational		
	events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory		
	Board		
10	Leadership or fiduciary	None	

	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	se summarize the above	e conflict of interest in	the following box:
Plea	se place an "X" next to	the following stateme	nt to indicate your agreement:
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Date:_07/23/2021						
Your Name: Natash	a Kurien					
Manuscript Title: Training to Improve Patient-Centered EHR Use						
Manuscript number (if known):						

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	testimony				
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'	Support for attending meetings and/or travel	_xNone			
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	Advisory Board				
10	Leadership or fiduciary role	_xNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	x None			
	Stock of Stock options				
12	Receipt of equipment,	x None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	x_None			
	financial interests				
	Please summarize the above conflict of interest in the following box:				
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Date:	_06/29/2021	
Your Na	me:Mark Rastetter MD	
Manusci	ript Title:Training to Improve Patient-Centered EHR Use	
Manusci	ript number (if known):	

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3	Royalties or licenses	XNone								
4	Consulting fees	XNone								

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	_XNone	
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X None	
-			
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	XNone	
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12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Plea	se summarize the above co	nflict of interest in the fo	llowing hox.

None			

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