ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Payal
2. Surname (Last Name) Patel
3. Date 16-April-2019
4. Are you the corresponding author? ☑ Yes  ☐ No

Corresponding Author’s Name

5. Manuscript Title

Quantitative Results of a National Intervention to Prevent Hospital-Onset Methicillin-Resistant Staphylococcus aureus Bloodstream Infection

Section 2. The Work Under Consideration for Publication

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<td>Health Research &amp; Educational Trust (HRET), part of the American Hospital Association.</td>
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<td>☐</td>
<td>This work was funded by subcontractor fees from HRET which was part of a prime contract from the Centers for Disease Control and Prevention.</td>
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Dr. Patel reports grants from Health Research & Educational Trust (HRET), part of the American Hospital Association, during the conduct of the study.

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**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)**
   - David

2. **Surname (Last Name)**
   - Calfee

3. **Date**
   - 16-April-2019

4. **Are you the corresponding author?**
   - Yes ✔

5. **Manuscript Title**
   - QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT HOSPITAL-ONSET METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BLOODSTREAM INFECTION

6. **Manuscript Identifying Number (if you know it)**
   - M18-3535

### 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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Shannon

2. Surname (Last Name)  
   Davila

3. Date  
   17-April-2019

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name  
   David P. Calfee MD, MS

5. Manuscript Title  
   Quantitative Results of a Multi-State Intervention to Prevent Hospital-onset Methicillin-Resistant Staphylococcus aureus Bloodstream Infections in Acute Care, Long-Term Acute Care, and Critical Access Hospitals

6. Manuscript Identifying Number (if you know it)  
   m18-3535

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<td>SMEs' work on the STRIVE project as well as a good portion of their time spent on the manuscript was compensated by subcontractor/consultant fees from HRET - funded by a prime contract from the CDC.</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Rolle

3. Date  
   20-May-2019

4. Are you the corresponding author?  
   Yes [ ]  No [X]

   Corresponding Author’s Name  
   Dr. David Calfee

5. Manuscript Title  
   QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT HOSPITAL-ONSET METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BLOODSTREAM INFECTIONS

6. Manuscript Identifying Number (if you know it)  
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Russell

2. Surname (Last Name)  
   Olmsted

3. Date  
   09-March-2019

4. Are you the corresponding author?  
   Yes[ ] No[✔]

   Corresponding Author’s Name  
   David P. Calfee, MD

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<td></td>
<td></td>
<td>External Faculty; Funding provided to HRET from Centers for Disease Control &amp; Prevention STRIVE project</td>
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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[✔] No[ ]

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Speakers’ Bureau</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [✓] No

Section 5. Relationships not covered above

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Dr. Olmsted reports personal fees from Health Research & Educational Trust, during the conduct of the study; personal fees from Ethicon, Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Ratz

3. Date  
   12-March-2019

4. Are you the corresponding author?  
   ✔ Yes

   Corresponding Author's Name  
   David Calfee

5. Manuscript Title  
   QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT HOSPITAL-ONSET METHICillin-RESISTANT STAPHYLOCOCCUS AUREUS BLOODSTREAM INFECTIONS

6. Manuscript Identifying Number (if you know it)  
   M18-3535

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<tr>
<td>Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which subcontracted with University of Michigan to support UM faculty/staff effort for this contract</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐</td>
<td>☑</td>
<td>CDC Contract 200-2015-88275 to HRET, subcontract to UM</td>
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Dr. Ratz reports other from Centers for Disease Prevention and Control contract with Health Research and Educational Trust (HRET), which subcontracted with University of Michigan to support UM faculty/staff effort for this contract, during the conduct of the study.

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Chopra
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<th>3. Date</th>
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<tr>
<td>Vineet</td>
<td>Chopra</td>
<td>06-February-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author’s Name  
David Calfee

5. Manuscript Title  
QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT HOSPITAL-ONSET METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BLOODSTREAM INFECTIONS

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Chopra has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ashley

2. Surname (Last Name)  
   Snyder

3. Date  
   06-February-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

   Corresponding Author’s Name  
   Dr. David Calfee

5. Manuscript Title  
   QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT HOSPITAL-ONSET METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BLOODSTREAM INFECTIONS

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**Section 1. Identifying Information**

1. Given Name (First Name) Kyle
2. Surname (Last Name) Popovich
3. Date 08-February-2019
4. Are you the corresponding author? Yes No
5. Manuscript Title QUANTITATIVE RESULTS OF A NATIONAL INTERVENTION TO PREVENT HOSPITAL-ONSET METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BLOODSTREAM INFECTIONS
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