



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

9)

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.



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Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Madaras-Kelly 1



Section 1. Identifying Info	mation	
1. Given Name (First Name) Karl	2. Surname (Last Name) Madaras-Kelly	3. Effective Date (07-August-2008) 23-December-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Total Duration of Antimicrobial Thera Medication Utilization Evaluation 6. Manuscript Identifying Number (if you JHM-15-0639		plicated Pneumonia: Results of a National

Sadden 2

The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Publication	
	Money Money to	
Type	No Paid Your Name of Entity Comments**	
	to You Institution*	

^{*} This means money that your institution received for your efforts on this study.

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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 submission.

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Relevant financial activities outside the submitted work

Madaras-Kelly 2

^{**} Use this section to provide any needed explanation.

Type of Relationship (in alphabetical order)	No	Money Paid to		Entity	Comments
Type of Relationship (in alphabetical order)	No	Money Paid to You		Entity	Comments
5. Grants/grants pending			√	NIH, CDC, DVA	

Section 4. Other relationships
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
✓ No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Show All Table Rows SAVE

Evalumiton and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.





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Burk 1



1. Given Name (First Name) Muriel	2, Surname (Last Name) Burk	3. Effective Date (07-August-2008 21-December-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Karl Madaras-Kelly
5. Manuscript Title National Medication Use Evaluation (of the Total Duration of An	itimicrobial Therapy in Veterans Hospitalized With Pneumonia

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The Work Under Consideration for Publication

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	√					×	
2. Consulting fee or honorarium	✓					A(D)D) X A(D)D	
Support for travel to meetings for the study or other purposes	7		and the second			X ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×	
5. Payment for writing or reviewing the manuscript	✓					ADD × ADD	
Provision of writing assistance, medicines, equipment, or administrative support	✓					X	

Burk 2

The Work Under Consideration for Publication							
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**		
7. Other	V					ADD X ADD	

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Relevant financial activities outside the submitted work.

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Relevant financial activities out	Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	√					X (D)D)			
2. Consultancy	/					X (D)D)			
3. Employment	√					X (D)D			
4. Expert testimony	√					X IDID			
5. Grants/grants pending	✓					X (D)D)			
Payment for lectures including service on speakers bureaus	✓					X (DD)			
Payment for manuscript preparation	√					X			

Burk 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.

		1			The state of the s		
Relevant financial activities out	side the						
Type of Relationship (in alphabetical order)	No	Money Paid to	Money to Your	Entity		Comments	
alphanetical order)		You	Institution*				
8. Patents (planned, pending or	_						(GKQNV)
issued)	✓						X
							/AVD/D)
9. Royalties	\checkmark						X
10. Payment for development of							ANDID
educational presentations	\checkmark						×
							ADD
11. Stock/stock options	\checkmark						ADD
12. Travel/accommodations/							1,1010
meeting expenses unrelated to activities listed**	\checkmark						×
activities listed							7A\D)D
13. Other (err on the side of full disclosure)	V						×
disclosure)	_						ADD
* This means money that your institution							
** For example, if you report a consultanc	y above t	here is no n	eed to report tr	ivel related to that	consultancy o	n this line.	
Section 4. Other relationsh	nips						
Are there other relationships or activi				o have influenced	l, or that give	the appearance	e of
potentially influencing, what you wro	ote in the	submitted	d work?				
✓ No other relationships/conditions	s/circum:	stances tha	nt present a po	tential conflict of	interest		
Yes, the following relationships/c	ondition	s/circumst	ances are pres	ent (explain belo	w):		
At the time of manuscript acceptance	e, journa	ls will ask a	uthors to conf	irm and, if necess	sary, update i	their disclosure	statements.

On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Section 1 Identifying Inform	ation	
Given Name (First Name) Christina	2. Surname (Last Name) Caplinger	3. Effective Date (07-August-2008) 21-December-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Karl Madaras-Kelly
5. Manuscript Title National Medication Use Evaluation of t	he Total Duration of Antir	nicrobial Therapy in
6. Manuscript Identifying Number (if you kn	ow it)	

Sealin 2

The Work Under Consideration for Publication

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
. Grant	√				
. Consulting fee or honorarium	✓				
Support for travel to meetings for the study or other purposes	✓				
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓				
Payment for writing or reviewing the manuscript	✓				
Provision of writing assistance, medicines, equipment, or administrative support	✓	· · · · · · · · · · · · · · · · · · ·			

The Work Under Consideration f	or Pub			÷		
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	V					ADD X ADD

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Relevant financial activities out	Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
1. Board membership	√				×					
2. Consultancy	✓				ADD ADD					
3. Employment	V				×					
4. Expert testimony	/				ADD ×					
5. Grants/grants pending	✓				ADD ×					
Payment for lectures including service on speakers bureaus	✓				ADD ×					
7. Payment for manuscript preparation	✓				X					

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Delement Committee of the control of	-1-1								
Relevant financial activities out Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution		Entity		Comme	its	ADD
8. Patents (planned, pending or issued)	√								×
9. Royalties	✓								ADD X
Payment for development of educational presentations	✓								×
11. Stock/stock options	✓								ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√								
13. Other (err on the side of full disclosure)	V								ADD X ADD
* This means money that your institution ** For example, if you report a consultance				t travel relate	ed to that c	onsultancy	on this line.		
Stardion 4 Other relations	nips								
Are there other relationships or activ potentially influencing, what you wro			•	e to have ir	nfluenced,	or that giv	e the appe	arance of	
✓ No other relationships/condition:	s/circum	stances th	at present a	potential c	onflict of i	nterest			
Yes, the following relationships/c									
At the time of manuscript acceptance On occasion, journals may ask author								osure stat	ements.
Hide All Ta	ble Row	s Checked	il'No'		SAVE				

Evaluation and Ecolorida

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Bohan 1

1. Given Name (First Name) Jefferson	2. Surname (Last Nan Bohan	ne) 3. Effective Date (07-August-2008 14-December-2015
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Karl Madaras-Kelly
5. Manuscript Title National Medication Use Evaluation c	of the Total Duration of i	Antimicrobial Therapy in Veterans Hospitalized With Pneumonia
5. Manuscript Identifying Number (if you	know it)	

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The Work U	The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant		√					× ADD			
2. Consulting	fee or honorarium	✓					X A(D)D			
	r travel to meetings for or other purposes	✓					X			
activities su boards, sta	orticipation in review uch as data monitoring tistical analysis, end mittees, and the like	V					×			
5. Payment for the manus	or writing or reviewing cript	✓					X			
medicines,	of writing assistance, equipment, or tive support	✓					×			

2

The Work Under Consideration					
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
7. Other	V				ADD × ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments						
1. Board membership	V					X ADD					
2. Consultancy	✓					X A(D)D					
3. Employment	√					X ADD					
4. Expert testimony	✓					× ADD					
5. Grants/grants pending	✓					×					
Payment for lectures including service on speakers bureaus	7					ADD X					
Payment for manuscript preparation	✓					×					

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Relevant financial activities outs	side the	submitt	ed work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	l <u>.</u>	intity		Comm	ients	ADD
8. Patents (planned, pending or issued)	✓								× ADD
9. Royalties	✓								X
Payment for development of educational presentations	✓								X ADD
11. Stock/stock options	✓								X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓								×
13. Other (err on the side of full disclosure)	✓								X
* This means money that your institution ** For example, if you report a consultance				travel relate	ed to that co	onsultancy	on this lin	ie.	Charlestonia
Section 4. Other relations	iips 🚐	(d. 25 (d. 14)							S. S. (208)
Are there other relationships or activi potentially influencing, what you wro				to have in	fluenced,	or that giv	ve the ap	pearance	of
✓ No other relationships/conditions Yes, the following relationships/c									
At the time of manuscript acceptance On occasion, journals may ask author	e, journa rs to disc	ls will ask lose furth	authors to cor er informatior	nfirm and, n about rep	if necessa ported rela	ry, update ationships	e their dis s.	sclosure st	atements.

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Hide All Table Rows Checked 'No'



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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Melinda	2. Surname (Last Name) Neuhauser	3. Effective Date (07-August-2008) 21-December-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Karl Madaras-Kelly
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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	√					× ADD			
2. Consulting fee or honorarium	✓					X ADD			
3. Support for travel to meetings for the study or other purposes	✓					X ADD			
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×			
5. Payment for writing or reviewing the manuscript	V					X			
 Provision of writing assistance, medicines, equipment, or administrative support 	✓					×			

The Work Under Consid		:				
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	
7. Other	V					ADD X

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	√				×				
2. Consultancy	✓				ADD ADD				
3. Employment	✓				×				
4. Expert testimony	✓				ADD ×				
5. Grants/grants pending	√				ADD ×				
Payment for lectures including service on speakers bureaus	✓				ADD ×				
7. Payment for manuscript preparation	✓				X ADD				

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out:	side the	suhmitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	✓				ADD X	
9. Royalties	√				× ADD	
Payment for development of educational presentations	/				×	
11. Stock/stock options	✓				ADD X ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓				X	
13. Other (err on the side of full disclosure)	✓				×	
* This means money that your institution ** For example, if you report a consultance				evel related to that consu	ultancy on this line.	
Sackiem 4. Other relationsh	iips					
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or t	hat give the appearance of	
✓ No other relationships/conditions	s/circum	stances tha	at present a po	tential conflict of inter	est	
Yes, the following relationships/c	ondition	s/circumst	ances are pres	ent (explain below):		

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Intelligations

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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.



Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.



Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Goetz 1

1. Given Name (First Name) Matthew	Surname (Last Name)Goetz	3. Effective Date (07-August-2008 17-December-2015
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Karl J Madaras-Kelly
5. Manuscript Title •National Medication Use Evaluation • Pneumonia		timicrobial Therapy in Veterans Hospitalized With
6. Manuscript Identifying Number (if you	know it)	

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration fo	or Publication	
	Money Money to	
Туре	No Paid Your Name of Entity	Comments**
	to You Institution*	

^{*} This means money that your institution received for your efforts on this study.

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 submission.

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Relevant financial activities outside the submitted work

Goetz 2

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your Institution*	Entity	Comments	

^{*} This means money that your institution received for your efforts.

্যান্ত্র্বাতা 4. Other relationships
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):
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Goetz 3

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.





(Introduction (e) also

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Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

1. Given Name (First Name) Rongping	2. Surnar Zhang	ne (Last Name)		3. Effective Date (07-August-2008 17-December-2015
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Na Karl Madaras-Kelly	me
. Manuscript Title National Medication Use Evaluation o	f the Total D	uration of Antii	nicrobial Therapy in Vetera	ns Hospitalized With Pneumoni
i. Manuscript Identifying Number (if you	know it)			

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	✓		Longue de la constante de la c			X A(D)D	
2. Consulting fee or honorarium	✓					× ADD	
3. Support for travel to meetings for the study or other purposes	✓					X ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					X	
5. Payment for writing or reviewing the manuscript	/					ADD × ADD	
 Provision of writing assistance, medicines, equipment, or administrative support 	✓					×	

The Worl	The Work Under Consideration for Publication						
	Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	
7. Other		√					ADD X

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Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	V				×		
2. Consultancy	\checkmark				×		
3. Employment	V				ADD ADD		
4. Expert testimony	√				×		
5. Grants/grants pending	✓				×		
Payment for lectures including service on speakers bureaus	√				ADD ADD		
Payment for manuscript preparation	✓				×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out:	side the	submit	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to	Your	Entity		Comments	
		You	Institution*		ng san Present		/A/DID
8. Patents (planned, pending or issued)	✓						× ADD
9. Royalties	√						X ADD
Payment for development of educational presentations	V						×
11. Stock/stock options	✓						ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓						×
13. Other (err on the side of full disclosure)	✓						ADD X
* This means money that your institution ** For example, if you report a consultance				vel related to that	consultancy on	this line.	741919
Section 4. Other relationsh	nips		e eligibility in a				
Are there other relationships or activi potentially influencing, what you wro				o have influenced	l, or that give t	he appearance	e of
✓ No other relationships/conditions	s/circum:	stances th	nat present a pot	tential conflict of	interest		
Yes, the following relationships/c	ondition	s/circums	tances are prese	ent (explain belov	w):		
At the time of manuscript acceptance On occasion, journals may ask author						eir disclosure s	tatements.
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Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Cunningham 1

Section 1 Identifying Inform	nation		
Given Name (First Name) Francesca	2. Surname (Last Cunningham	Name)	3. Effective Date (07-August-2008) 23-December-2015
4. Are you the corresponding author?	Yes 🗸 N	o Corresponding Madaras-Kell	g Author's Name y
 Manuscript Title Total Duration of Antimicrobial Therapy Medication Utilization Evaluation Manuscript Identifying Number (if you kn JHM-15-0639 	•	italized With Uncompli	cated Pneumonia: Results of a National

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Publication	
	Money Money to	
Type	No Paid Your Name of Entity	Comments**
	to You Institution*	and a second control of the second

^{*} This means money that your institution received for your efforts on this study.

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work

Cunningham 2

^{**} Use this section to provide any needed explanation.

elevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your Institution*	Entity	Comments
Type of Relationship (in alphabetical order)	No		Money to Your Institution*	Entity	Comments

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Seption 4. Other relationships
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Cunningham 3

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.