

#### **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 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". Then 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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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Stephen	rst Name)	2. Surname (Last Name) Balyejusa		3. Effective Date (07-August-2008) 21-September-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis i	n Young Children	
6. Manuscript Ide	ntifying Number (if you l 550C	know it)	_	

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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						ADD			
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						ADD			
9. Royalties	<b>✓</b>					×			
						ADD			
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×			
						ADD			
11. Stock/stock options	<b>✓</b>					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×			
						ADD			
13. Other (err on the side of full disclosure)	<b>✓</b>					×			
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.									
Section 4. Other relationsl	nins					_			
	•		aulal marrati	to hove influenced and	at aire the area area of				
		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?							

# 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.

**Hide All Table Rows Checked 'No'** 

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The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
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			-			
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						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
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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	circum:	stances th	at present a po	otential conflict of intere	est	

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1. Given Name (First Name) Willem	2. Surname (Last Name) Boom	3. Effective Date (07-August-2008) 06-September-2011
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christina Lancioni, MD
5. Manuscript Title CD8+ T cells Provide an Immunologic S	Signature of Tuberculosis i	n Young Children
6. Manuscript Identifying Number (if you k blue-201107-13550C	now it)	

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The Work Under Consider	ation for Publicatio	i e			
Туре	Mone No Paid to Yo		Name of Entity	Comments**	
1. Grant		phonograp become property and p	An die produktieren geschicht der der Annahmen der für der Annahmen der Geschicht der Annahmen der Annahmen der	de Tallación (Como Como esta Como de American de Salvación de Como de America (Como Como Como Como Como Como Como Com	
2. Consulting fee or honorariu	ım 🗸 🗀				
3. Support for travel to meeting the study or other purposes					X ADD
<ol> <li>Fees for participation in revi activities such as data monit boards, statistical analysis, e point committees, and the I</li> </ol>	toring 🔽 🗌				
5. Payment for writing or revie the manuscript	ewing 🗸 🗌				ADD X
<ol><li>Provision of writing assistan medicines, equipment, or administrative support</li></ol>	ice,				



The Work Under Consideration for Publication								
	Туре	No	Paid	Your	Name of Entity	Comments**		
7. Other	menemen an emperement menemen de distribution de la final de l	n-hourinstern-wentrussa tribibilistikhtistikhtistikhtistikhtistik		* Yustan uma no-horini essa Eta Millian III (III) (IIII) (IIII) (III) (IIII) (IIII) (IIII) (III) (III) (III) (III) (III) (III)	at vice men en um situ conformino pa vesti (PPA), di di mini in PPA) di di mini in PPA, di di mini in PPA, di di di mini in PPA, di	+ tracere recurrence mente control con	ADD X APD	

#### Sarian e

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Type of Relationship (in	No.	Money Paid to	Money to Your	Entity	Comments
alphabetical order)		You	Institution*		
1. Board membership	<b>✓</b>				
2. Consultancy					
	الله				
3. Employment	<b>√</b>				
4. Expert testimony	$\checkmark$				
en e					
5. Grants/grants pending	$\checkmark$				
6. Payment for lectures including	<u> </u>		Sers <u>en</u> ts (1777)		
service on speakers bureaus	<b>✓</b>				
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>				

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Relevant financial activities outside the submitted work
Type of Relationship (in No Paid to Your Entity Comments You Institution*
8. Patents (planned, pending or issued)
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10. Payment for development of educational presentations
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12. Travel/accommodations/ meeting expenses unrelated to  activities listed**
13. Other (err on the side of full disclosure)
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Hide All Table Rows Checked No SAVE



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1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



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7. Other		<b>✓</b>					×
							ADD

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						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	<b>✓</b>					×	
						ADD	
5. Grants/grants pending	<b>✓</b>					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	✓					×		
						ADD		
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×		
						ADD		
11. Stock/stock options	✓					×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×		
						ADD		
13. Other (err on the side of full disclosure)	<b>✓</b>					×		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationship	ains -							
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?								

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.

Hide All Table Rows Checked 'No'

SAVE



#### **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.



#### **Instructions**

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#### 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.

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Johnson 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Denise F.	2. Surname (Last Name) Johnson	3. Effective Date (07-August-2008) 01-September-2011
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Christina Lancioni, MD
5. Manuscript Title CD8+ T cells Provide an Immunologic	Signature of Tuberculosis	in Young Children
6. Manuscript Identifying Number (if you blue-201107-13550C	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 for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	7. Other	<b>✓</b>					×
							ADD

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# **Section 3.** Relevant financial activities outside the submitted work.

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#### Relevant financial activities outside the submitted work

Johnson 2

<sup>\*\*</sup> Use this section to provide any needed explanation.



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

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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							

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Johnson 3

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) KIGULI		3. Effective Date (07-August-2008) 18-October-2011
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis	in Young Children	
6. Manuscript Ide	ntifying Number (if you l 550C	know it)		

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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	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH/NIAID	Support was given to my institution to support the grant (enroll subjects, investigate participants, coordinate activities)	×
						ADD
2. Consulting fee or honorarium		<b>✓</b>		NIH/NIAID	Honorarium for percentage effort put in during subject enrollment	×
						ADD
Support for travel to meetings for the study or other purposes		<b>✓</b>		NIH/NIAID	I was supported to attend some planning meetings (airfare, meals, accommodation)	×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>			<b>✓</b>	NIH/NIAID	funds were provided for administrative support	×	
						ADD	
7. Other	<b>✓</b>					×	
						ADD	

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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	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	<b>✓</b>					×	
						ADD	

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
* This means money that your institution	received	for your eff	forts			ADD

#### Section 4. Other relationships

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**Hide All Table Rows Checked 'No'** 

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Section 1.	ldentifying Infor	mation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Lancioni	3. Effective Date (07-August-2008) 20-September-2011
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis in Young Children	
6. Manuscript Ider blue-201107-135	ntifying Number (if you 550C	know it)	

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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH	T32	×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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Relevant financial activities out	side the	submit	ted work			
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1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					X
						ADD
3. Employment	<b>✓</b>					X
						ADD
4. Expert testimony	<b>✓</b>					X
						ADD
5. Grants/grants pending	<b>✓</b>					X
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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Relevant financial activities out	side the	submit	ted work			
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						ADD
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						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	
Section 4. Other relationsh	nips _					
Are there other relationships or activ			•	to have influenced, or th	at give the appearance of	

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**SAVE** 



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Lewinsohn 1



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Deborah	rst Name)	2. Surname (Last Name) Lewinsohn		3. Effective Date (07-August-2008) 18-September-2011
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis i	n Young Children	
6. Manuscript Ide	ntifying Number (if you l 550C	know it)	_	

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The Work Under Consideration t	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×

Lewinsohn 2



7. Other  No Money Paid to You Institution*  Provisional patent application with Deborah Lewinsohn named as an inventor. Data included in this manuscript was included in support of the claims in this patent. In addition, the IP included in this patent has been licensed by OHSU to ViTi Corporation. Deborah Lewinsohn is the President of ViTi Corp and a founding member of this corporation. Neither OHSU or Deborah Lewinsohn has received monetary compensation for the license of IP to ViTi Corp.
7. Other  Provisional patent application with Deborah Lewinsohn named as an inventor. Data included in this manuscript was included in support of the claims in this patent. In addition, the IP included in this patent has been licensed by OHSU to VITI Corporation. Deborah Lewinsohn is the President of VITI Corp and a founding member of this corporation. Neither OHSU or Deborah Lewinsohn has received monetary compensation for the
liconco of ID to ViTi Corn

<sup>\*</sup> This means money that your institution received for your efforts on this study.

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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.

#### Relevant financial activities outside the submitted work

Lewinsohn 3

<sup>\*\*</sup> 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 You	Money to Your Institution*	En	tity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	En	tity	Comments	
1. Board membership	<b>√</b>						×
							ADD
2. Consultancy	<b>√</b>						×
							ADD
3. Employment	<b>√</b>						×
							ADD
4. Expert testimony	<b>✓</b>						×
							ADD
5. Grants/grants pending			<b>✓</b>	NIH			×
							ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>						×
							ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>						×
							ADD



8. Patents (planned, pending or issued)		<b>✓</b>	<b>✓</b>	OHSU has filed provisional patents with Deborah Lewinsohn named as an inventor on three additional patents which are unrelated to the work included in this manuscript. Two of the patents include IP that has been licensed to ViTi Corp. Deborah Lewinsohn is President and a founding member of Viti Corp. Neither OHSU or Deborah Lewinsohn has received monetary compensation from ViTi Corp as the result of this license agreement.	×
					ADD
9. Royalties		<b>✓</b>	✓	OHSU and Deborah Lewinsohn have received monetary compensation from AERAS as the result of an option agreement between OHSU and AERAS. This option agreement is unrelated to the work contained in this manuscript. In addition, this option agreement has been terminated.	×
					ADD
Payment for development of educational presentations	<b>✓</b>				×
					ADD
11. Stock/stock options			<b>✓</b>	Deborah Lewinsohn owns stock options in ViTi Corp.	×
					ADD



<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	· •				×			
					ADD			
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>				×			
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relation	nships							
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?								
•			•	to have influenced, or th	at give the appearance of			
potentially influencing, what you	wrote in the	e submitte	d work?		·			
potentially influencing, what you  No other relationships/conditi	wrote in the	e submitte stances th	d work? at present a p	otential conflict of intere	·			
potentially influencing, what you	wrote in the	e submitte stances th	d work? at present a p	otential conflict of intere	·			
potentially influencing, what you  No other relationships/conditi	wrote in the ons/circum s/condition nce, journa	e submitte stances th is/circums Is will ask a	ed work?  at present a p  tances are pre  authors to cor	otential conflict of intere sent (explain below): nfirm and, if necessary, up	est odate their disclosure statements.			
potentially influencing, what you  No other relationships/conditi  Yes, the following relationship  At the time of manuscript accepta	wrote in the ons/circum s/condition nce, journa	e submitte stances th is/circums Is will ask a	ed work?  at present a p  tances are pre  authors to cor	otential conflict of intere sent (explain below): nfirm and, if necessary, up	est odate their disclosure statements.			

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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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#### 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.

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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.

### 4. 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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Lewinsohn		3. Effective Date (07-August-2008) 18-September-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis i	n Young Children	
6. Manuscript Ide	ntifying Number (if you k 550C	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 for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant			<b>✓</b>	NIH		×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×	



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
7. Other		<b>V</b>	<b>✓</b>	Provisional patent application	OHSU has filed a provisional patent application with David Lewinsohn named as an inventor. Data included in this manuscript was included in support of the claims in this patent. In addition, the IP included in this patent has been licensed by OHSU to ViTi Corporation. David Lewinsohn is the Chief Scientific Officer of ViTi Corp and a founding member of this corporation. Neither OHSU or David Lewinsohn has received monetary compensation for the license of IP to ViTi Corp.	X		

<sup>\*</sup> 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

<sup>\*\*</sup> 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 You	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>√</b>					×
						ADD
2. Consultancy	<b>√</b>					X
						ADD
3. Employment	<b>√</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending			<b>✓</b>	NIH and VA		×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD



8. Patents (planned, pending or issued)		<b>✓</b>	<b>✓</b>	OHSU has filed provisional patents with David Lewinsohn named as an inventor on three additional patents which are unrelated to the work included in this manuscript. Two of the patents include IP that has been licensed to ViTi Corp. David Lewinsohn is Chief Scientific Officer and a founding member of Viti Corp. Neither OHSU or David Lewinsohn has received monetary compensation from ViTi Corp as the result of this license agreement.	×
					ADD
9. Royalties		<b>✓</b>	✓	OHSU and David Lewinsohn have received monetary compensation from AERAS as the result of an option agreement between OHSU and AERAS. This option agreement is unrelated to the work contained in this manuscript. In addition, this option agreement has been terminated.	×
					ADD
10. Payment for development of educational presentations	<b>✓</b>				×
					ADD
11. Stock/stock options			<b>/</b>	David Lewinsohn owns stock options in ViTi Corp.	×
					ADD



<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	· •				×			
					ADD			
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>				×			
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relation	nships							
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?								
•			•	to have influenced, or th	at give the appearance of			
potentially influencing, what you	wrote in the	e submitte	d work?		·			
potentially influencing, what you  No other relationships/conditi	wrote in the	e submitte stances th	d work? at present a p	otential conflict of intere	·			
potentially influencing, what you	wrote in the	e submitte stances th	d work? at present a p	otential conflict of intere	·			
potentially influencing, what you  No other relationships/conditi	wrote in the ons/circum s/condition nce, journa	e submitte stances th is/circums Is will ask a	ed work?  at present a p  tances are pre  authors to cor	otential conflict of intere sent (explain below): nfirm and, if necessary, up	est odate their disclosure statements.			
potentially influencing, what you  No other relationships/conditi  Yes, the following relationship  At the time of manuscript accepta	wrote in the ons/circum s/condition nce, journa	e submitte stances th is/circums Is will ask a	ed work?  at present a p  tances are pre  authors to cor	otential conflict of intere sent (explain below): nfirm and, if necessary, up	est odate their disclosure statements.			

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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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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.

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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.



Section 1.	Identifying Inform	mation		
1. Given Name (Fi LASHAUNDA	rst Name)	2. Surname (Last Name) MALONE		3. Effective Date (07-August-2008) 06-September-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis i	n Young Children	
6. Manuscript Ide	ntifying Number (if you k 550C	now it)	_	

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>/</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							ADD	

## **Section 3.** Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> 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 You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	
Section 4. Other relationsl	nips					
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
No other valeties disconfice describition	_ / -:			-++:- f :-+ -f:-+	-4	

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.

Hide All Table Rows Checked 'No'

SAVE



#### **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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## 4. 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) HARRIET	2. Surname (Last Name) MATAM3		3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Nam Christina Lancioni, MD	ne
5. Manuscript Title CD8+ T cells Provide an Immunologic	Signature of Tuberculosis	in Young Children	

### 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...)?

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E	he Work Under Consideration f	or Pub	lication				
•	Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1.	Grant	X					×
							ADD
2.	Consulting fee or honorarium	X					×
							ADD
3.	Support for travel to meetings for the study or other purposes	X					×
٠							ADD
4.	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	K					×
							ADD
5.	Payment for writing or reviewing the manuscript	X					×
4							ADD
6.	Provision of writing assistance, medicines, equipment, or administrative support	K					×



The Wo	rk Under Consider	ation for Pub	olication				
•	Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	
					5.5		ADD
7. Other		$\mathbf{A}$					×
							ADD

### 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 out	side th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	×					×
						ADD
2. Consultancy	X					×
						ADD
3. Employment	A					X
						ADD
4. Expert testimony	4					×
			and the second s			ADD
45. Grants/grants pending	K					X
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	S.					X
						ADD
7. Payment for manuscript preparation	X					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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		ential conflict of inter	est
	eaders cubmitte	eaders could perceive to ubmitted work? ances that present a pot circumstances are prese will ask authors to confi	ere is no need to report travel related to that consu



#### **Evaluation and Feedback**

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



Section 1. Identifying Infor	mation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008)  02-6eptembel -201
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christina Lancioni, MD
5. Manuscript Title CD8+ T cells Provide an Immunologic	Signature of Tuberculosis	n Young Children
6. Manuscript Identifying Number (If you blue-201107-13550C	know it)	

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		X	X	NIH		×
						ADD
2. Consulting fee or honorarium	X					×
s 21 SEC VEC 1 25 SM						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	X					×
the study of other purposes						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	X					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	X					×
and managed by						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	X					×



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	X					×
			-			ADD

#### 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.

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

<sup>\*</sup>This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
8. Patents (planned, pending or issued)	X				
9. Royalties	X				
Payment for development of educational presentations	X				
1. Stock/stock options	×				
Travel/accommodations/     meeting expenses unrelated to     activities listed**	X				
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	X				
* This means money that your institution ** For example, if you report a consultan	recelved cy above	d for your ef there is no	forts. need to report trav	el related to that consult	ancy on this line.
Section 4. Other relations	hips _				
Are there other relationships or active potentially influencing, what you wr	Ities tha			have Influenced, or the	at give the appearance of
No other relationships/condition  Yes, the following relationships/					st

At the time of manuscript acceptance, Journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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

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#### **Instructions**

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Deo	rst Name)	2. Surname (Last Name) Mulindwa		3. Effective Date (07-August-2008) 07-August-2008
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Titl CD8+ T cells Pro		Signature of Tuberculosis	in Young Children	
6. Manuscript Ide blue-201107-13.	ntifying Number (if you l 550C	know it)		

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work	Under Consideration	for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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

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<sup>\*\*</sup> 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 You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					X
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					X
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or active potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
✓ No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	est	
Yes, the following relationships/c						
At the time of manuscript acceptance On occasion, journals may ask author						ments.

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**Hide All Table Rows Checked 'No'** 



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Section 1. Identifying Inform	nation (		
1. Given Name (First Name)	2. Surname (Last Name)  MUSOKE		3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Nar Christina Lancioni, MD	ne
5. Manuscript Title CD8+ T cells Provide an Immunologic S	Signature of Tuberculosis in	n Young Children	ude e par par colono o colono o compresso del mentiona de la fore e par colono de colono de colono de colono de
6. Manuscript Identifying Number (if you ki blue-201107-13550C	now 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.

		Money	Mioney to		nments*	
Type	No	Paid to You	Your Institution*	Name of Entity		
i Gram	$\mathbf{X}$					7, 1
2. Consulting fee or honoralium						7/D:
3. Support for travel to meetings for the study or other purposes	X					
4. Fees for participation in review activities such as data monitorin boards, statistical analysis, end point committees, and the like	<b>9</b>				 	X
5. Payment for writing or reviewing the manuscript						X ADI
6. Provision of writing assistance, medicines, equipment, or administrative support	X					

The Work Under Consideration for Publi	cation				
Type No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
z, Ciner					ADD X ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	X				A DES AND SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
Z Consultancy	X			· · · · ·	
3. Employment					
4 Expertitestimony	X				
5 Grants/grants pending	X				
6. Payment for lectures including service on speakers bureaus					w
7. Payment for manuscript preparation	X				

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<sup>\*\*</sup> Use this section to provide any needed explanation.

Relevant financial activities ou	tside the submi	itted work			
Type of Relationship (in alphabetical order)	No Paid to You	e Your	Entity	Comments	
8. Patents (planned, pending or issued)					
9. Royalties					
Payment for development of educational presentations	X			:	
1. Stock/stock options				:	ΑĮ
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	X 🗀		,	:	
3. Other (err on the side of full disclosure)	X				A
* This means money that your institutio ** For example, if you report a consulta	on received for your once above there is no	efforts. o need to report travel	I related to that consul	tancy on this line.	
Section 4. Other relation	ships				
Are there other relationships or acti potentially influencing, what you w	ivities that readers rote in the submit	could perceive to hated work?	ave influenced, or th	at give the appearance of	:
No other relationships/conditio				est	
Yes, the following relationships,					
At the time of manuscript acceptan On occasion, journals may ask auth	ce, journals will as ors to disclose furt	k authors to confirm ther information abo	n and, if necessary, u out reported relation	pdate their disclosure state ships.	emer
Hide All T	able Rows Check	ed No'	SAVE		

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Megan	irst Name)	2. Surname (Last Name) Null		3. Effective Date (07-August-2008) 13-September-2011
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Titl CD8+ T cells Pro		Signature of Tuberculosis	in Young Children	
6. Manuscript Ide blue-201107-13	ntifying Number (if you l 550C	know it)	_	

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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>√</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							ADD	

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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	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					×		
						ADD		
3. Employment	<b>✓</b>					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	<b>✓</b>					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

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<sup>\*\*</sup> Use this section to provide any needed explanation.



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	<b>✓</b>					×		
						ADD		
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×		
						ADD		
11. Stock/stock options	<b>✓</b>					×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×		
						ADD		
13. Other (err on the side of full disclosure)	<b>✓</b>					×		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
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?								

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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**Hide All Table Rows Checked 'No'** 

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Melissa	rst Name)	2. Surname (Last Name) Nyendak		3. Effective Date (07-August-2008) 19-September-2011
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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			<b>✓</b>	NIH		×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×	



7. Other    Type   No   Paid to You Institution*   Name of Entity   Comments**	The Work Under Consideration for Publication								
OHSU has filed a provisional patent application that includes data in this manuscript which supports the claims in this patent. In addition, the IP included in this patent has been licensed by OHSU to ViTi Corporation. Melissa Nyendak is the Director of Clinical Affairs for ViTi Corp. OHSU has not received monetary compensation for the	Туре	No	Paid	Your	Name of Entity	Comments**			
7. Other  Provisional patent application that includes data in this manuscript which supports the claims in this patent. In addition, the IP included in this patent has been licensed by OHSU to ViTi Corporation. Melissa Nyendak is the Director of Clinical Affairs for ViTi Corp. OHSU has not received monetary compensation for the							ADD		
ADD	7. Other			<b>✓</b>	•	provisional patent application that includes data in this manuscript which supports the claims in this patent. In addition, the IP included in this patent has been licensed by OHSU to ViTi Corporation. Melissa Nyendak is the Director of Clinical Affairs for ViTi Corp. OHSU has not received monetary compensation for the			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

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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	<b>√</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
3. Employment		<b>✓</b>		ViTi Corp.	Melissa Nyendak is the Director of Clinical Affairs for ViTi Corp.	
1. Expert testimony	<b>✓</b>					AC >
5. Grants/grants pending	<b>√</b>	П				AE >
5. Payment for lectures including						AC
service on speakers bureaus	✓					AE
7. Payment for manuscript preparation	<b>✓</b>					>
						A
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					>
n D. He						A
9. Royalties	✓					) A
Payment for development of educational presentations	<b>✓</b>					AI >
						ΑI
I. Stock/stock options		<b>✓</b>		ViTi Corp	Melissa Nyendak owns stock options in ViTi Corp.	>
						ΑI
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					>
						Al
3. Other (err on the side of full disclosure)	<b>✓</b>					>

<sup>\*</sup> This means money that your institution received for your efforts.

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. raals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No'

### **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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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.

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Section 1.	ldentifying Infor	mation		
1. Given Name (Fi Christine	rst Name)	2. Surname (Last Name) Scott		3. Effective Date (07-August-2008) 02-September-2011
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Christina Lancioni, MD	me
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis	in Young Children	
6. Manuscript Ide	ntifying Number (if you 550C	know it)		

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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	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	Case Western Reserve University		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×
						ADD



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×		
						ADD		
7. Other	<b>✓</b>					×		
						ADD		

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Relevant financial activities ou	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	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					×		
						ADD		
3. Employment		<b>✓</b>		Employed as data manager for Case Western Reserve University		×		
						ADD		
4. Expert testimony	<b>✓</b>					×		
						ADD		
5. Grants/grants pending			<b>✓</b>	Case Western Reserve University		×		
						ADD		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	<b>✓</b>					×		
						ADD		
10. Payment for development of educational presentations	<b>✓</b>					×		
						ADD		
11. Stock/stock options	<b>✓</b>					×		
						ADD		
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×		
						ADD		
13. Other (err on the side of full disclosure)	<b>✓</b>					×		
						ADD		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								

# 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.

**Hide All Table Rows Checked 'No'** 

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Gwendolyn	rst Name)	2. Surname (Last Name) Swarbrick		3. Effective Date (07-August-2008) 06-September-2011
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Christina Lancioni, MD	nme
5. Manuscript Title CD8+ T cells Pro		Signature of Tuberculosis	in Young Children	
6. Manuscript Ide	ntifying Number (if you 550C	know it)		

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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			<b>✓</b>	NIH		×		
						ADD		
2. Consulting fee or honorarium	<b>✓</b>					×		
						ADD		
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×		
						ADD		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×		



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							ADD		

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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	<b>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			
3. Employment	<b>✓</b>					X			
						ADD			
4. Expert testimony	<b>✓</b>					X			
						ADD			
5. Grants/grants pending	<b>✓</b>					X			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	submitt	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
						ADD	
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
Section 4. Other relationsh	nips						
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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**Hide All Table Rows Checked 'No'** 

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Section 1. Identifying Inform	nation		
1. Given Name (First Name)	2. Surname (Last Name)	-0	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Christina Lancioni, MD	me
5. Manuscript Title CD8+ T cells Provide an Immunologic S	Signature of Tuberculosis	in Young Children	
6. Manuscript Identifying Number (if you k blue-201107-13550C	now it)		

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T	he Work Under Consideration fo	or Publi	cation		BRA
	Туре	No	Money M Paid to You In	Noney to Your Name of Entity Comments** stitution*	
1.	Grant	X			
2.	Consulting fee or honorarium	×			X
3.	Support for travel to meetings for the study or other purposes	X			× .
4.	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V			X ADD
5,	Payment for writing or reviewing the manuscript	X			
6.	Provision of writing assistance, medicines, equipment, or administrative support	À			ADD.

The Work Under Con	sideration for Publ	ication		100 F 750 F 750
Type	No.	Money Paid to You	Money to Your Name of Entity Comme Institution*	ints**
7. Other	X			-× ADD

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Relevant financial activities outside the submitted work								
Jype of Relationship (in elphabetical order)	No	Money Paid to You	Money to Your- Institution?	Entir		Comme	nty, y	
Board membership	X			***	The second secon			
2. Consultancy	X						ADD.	
3. Employment	X						ADD.	
4. Expert testimony	X						ADD	
5. Grants/grants pending	X						ADO	
Payment for lectures including service on speakers bureaus	X							
*7. Payment for manuscript preparation	$\times$						,AD®	

<sup>\*\*</sup> Use this section to provide any needed explanation.

Re	levant financial activities outs	ide the	submitt	ted work	10000	939		200	
	Type of Relationship (in alphabetical order)	No <sup>d</sup>	Money Paid to You	Money to Your Institution	Entity		Com	ments	
8,	Patents (planned, pending or issued)	X							X ADD
9.	Royalties	$\times$							
10.	Payment for development of educational presentations	X							×
11.	Stock/stock options	X							ADD X
12.	Travel/accommodations/ meeting expenses unrelated to activities listed**	X							ADD X
13.	Other (err on the side of full disclosure)	X							ADD ×
	*This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
	ection 4. Other relationsh	ips							
	e there other relationships or activit stentially influencing, what you wro				to have influenc	ed, or that	give the a	opearance of	
>	No other relationships/conditions/	/circum	stances th	at present a p	otential conflict	of interest			
	Yes, the following relationships/co	ndition	s/circums	tances are pre	sent (explain be	low):			
	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.								
		la e lu	e Charles						

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