

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kristina

2. Surname (Last Name) Crothers

3. Date 29-September-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Homer Twigg

5. Manuscript Title Effect of Advanced HIV Infection on the Respiratory Microbiome

6. Manuscript Identifying Number (if you know it)

\_\_\_\_\_

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Dr. Crothers reports grants from NIH/NHLBI, during the conduct of the study; .

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1. Given Name (First Name) Qunfeng      2. Surname (Last Name) Dong      3. Date 22-September-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Homer Twigg

5. Manuscript Title  
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### Section 1. Identifying Information

1. Given Name (First Name)  
Yong

2. Surname (Last Name)  
Gao

3. Date  
28-September-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Twigg III, Homer L

5. Manuscript Title  
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Barry

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Katz

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Knox

2. Surname (Last Name)  
Ken

3. Date  
22-September-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Homer Twigg

5. Manuscript Title  
Effect of Advanced HIV Infection on the Respiratory Microbiome

6. Manuscript Identifying Number (if you know it)

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

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Huaiying

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Homer Twigg

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1. Given Name (First Name) Deming      2. Surname (Last Name) Mi      3. Date 23-September-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Homer L. Twigg III

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Erica

2. Surname (Last Name)  
Sodergren

3. Date  
02-October-2015

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5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Evelyn	2. Surname (Last Name) Toh	3. Date 22-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Homer L. Twigg
5. Manuscript Title Effect of Advanced HIV Infection on the Respiratory Microbiome		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Homer

2. Surname (Last Name)  
Twigg III

3. Date  
22-September-2015

4. Are you the corresponding author?  Yes  No

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1. Given Name (First Name)  
George

2. Surname (Last Name)  
Weinstock

3. Date  
22-September-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Homer Twigg

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Blue-201509-1875OC

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1. Given Name (First Name) Jin      2. Surname (Last Name) Zhou      3. Date 22-September-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Twigg III, Homer L <htwig@iu.edu>

5. Manuscript Title  
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NIH/NIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH/NCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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