

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Engelhardt

3. Date
20-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katie Larson-Ode

5. Manuscript Title

Abnormal Glucose Tolerance in Infants and Young Children with Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)

Blue-201512-2518OC.R2

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Engelhardt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katie

2. Surname (Last Name)
Larson Ode

3. Date
28-December-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Abnormal Glucose Tolerance in Infants and Young Children with Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-201512-2518OC.R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Larson Ode has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Antoinette 2. Surname (Last Name) Moran 3. Date _____

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No I received NIH grant money for travel but there are no conflicts of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew

2. Surname (Last Name) Norris

3. Date 20-July-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Katie Larson Ode

5. Manuscript Title Abnormal Glucose Tolerance in Infants and Young Children with Cystic Fibrosis

6. Manuscript Identifying Number (if you know it) Blue-201512-2518OC.R2

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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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vertex Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Norris reports grants from NIH, during the conduct of the study; personal fees from Vertex Pharmaceuticals, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

XINGSHEN

2. Surname (Last Name)

SUN

3. Date

20-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Katie Larson Ode

5. Manuscript Title

Abnormal Glucose Tolerance in Infants and Young Children with Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)

Blue-201512-2518OC.R2

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aliye

2. Surname (Last Name)
Uc

3. Date
21-July-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Katie Larson-Ode

5. Manuscript Title
Abnormal Glucose Tolerance in Infants and Young Children with Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-201512-2518OC.R2

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbvie Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Received honoraria for participating in Advisory Board on Exocrine Pancreatic Insufficiency (EPI) Diagnosis

Section 4. Intellectual Property -- Patents & Copyrights

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

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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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Methods of Delivering Vectors to Pancreas and Lungs by Cannulating the Aorta. United States Patent No. 9,211,347	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uc, A, Divekar A, McCray PB, Davidson BL	

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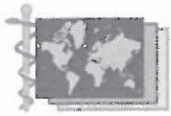
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Dr. Uc reports other from Abbvie Inc, outside the submitted work; In addition, Dr. Uc has a patent Methods of Delivering Vectors to Pancreas and Lungs by Cannulating the Aorta. United States Patent No. 9,211,347 licensed to Uc, A, Divekar A, McCray PB, Davidson BL.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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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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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

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

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Definitions.

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Section 1. Identifying Information

1. Given Name (First Name)
Kai

2. Surname (Last Name)
Wang

3. Date
27-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katie Larson Ode

5. Manuscript Title
Abnormal Glucose Tolerance in Infants and Young Children with Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-201512-2518OC.R2

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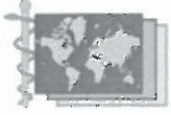
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Yaling	2. Surname (Last Name) Yi	3. Date 20-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Larson Ode, Katie M
5. Manuscript Title Abnormal Glucose Tolerance in Infants and Young Children with Cystic Fibrosis		
6. Manuscript Identifying Number (if you know it) Blue-201512-2518OC.R2		

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