

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lauren

2. Surname (Last Name)
DiMiceli

3. Date
02-February-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew J Magee

5. Manuscript Title
Isoniazid-monoresistance and rate of culture conversion among confirmed tuberculosis patients in the State of Georgia, 2009 - 2014

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. DiMiceli has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Russell	2. Surname (Last Name) Kempker	3. Date 01-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew J Magee
5. Manuscript Title Isoniazid-monoresistance and rate of culture conversion among confirmed tuberculosis patients in the State of Georgia, 2009 - 2014		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Kempker has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Magee

3. Date
01-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Isoniazid-monoresistance and rate of culture conversion among confirmed tuberculosis patients in the State of Georgia, 2009 - 2014

6. Manuscript Identifying Number (if you know it)

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Dr. Magee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rose-Marie	2. Surname (Last Name) Sales	3. Date 16-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew J Magee
5. Manuscript Title Isoniazid-monoresistance and rate of culture conversion among confirmed tuberculosis patients in the State of Georgia, 2009 - 2014		
6. Manuscript Identifying Number (if you know it)		

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Dr. Sales has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Argita	2. Surname (Last Name) Salindri	3. Date 01-February-2017
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Dr. Salindri has nothing to disclose.

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Marcos

2. Surname (Last Name)

Coutinho Schechter

3. Date

01-February-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Matthew J Magee

5. Manuscript Title

Isoniazid-monoresistance and rate of culture conversion among confirmed tuberculosis patients in the State of Georgia, 2009 - 2014

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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