

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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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Other: Anything not covered under the previous three boxes

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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) Andrew 2. Surname (Last Name) Liu 3. Date 22-February-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lynn B. Gerald, PhD

5. Manuscript Title
Environmental Concerns for Children with Asthma on the Navajo Nation

6. Manuscript Identifying Number (if you know it)
White-201708-674PS.R1

Section 2. The Work Under Consideration for Publication

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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"/>	to employer National Jewish Health

Section 3. Relevant financial activities outside the submitted work.

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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
Phadia ThermoFisher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (2017)
Merck Sharp & Dohme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker honoraria and travel (2016)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Glaxo SmithKline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DSM committee member and co-author (2016). No honoraria or support provided

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. Liu reports grants from NIH, during the conduct of the study; personal fees from Phadia ThermoFisher, personal fees from Merck Sharp & Dohme, other from Glaxo SmithKline, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bruce	2. Surname (Last Name) Bender	3. Date 26-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynn Gerald
5. Manuscript Title Environmental concerns for children with asthma on the Navajo Nation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Bender has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lynn 2. Surname (Last Name) Gerald 3. Date 26-January-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lynn B Gerald

5. Manuscript Title
Environmental Concerns for Children with Asthma on the Navajo Nation

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NHLBI grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arizona AHEC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Gerald reports grants from NHLBI grant, grants from Arizona AHEC , during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ashley

2. Surname (Last Name)

Lowe

3. Date

26-January-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Lynn B. Gerald, PhD, MSPH

5. Manuscript Title

Environmental concerns for children with asthma living on the Navajo Nation

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Aaron
2. Surname (Last Name) Kobernick
3. Date 23-February-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lynn B. Gerald, PhD

5. Manuscript Title
Environmental Concerns for Children with Asthma on the Navajo Nation

6. Manuscript Identifying Number (if you know it)
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Dr. Kobernick has nothing to disclose.

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

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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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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)
Wayne

2. Surname (Last Name)
Morgan

3. Date
04-December-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lynn B Gerald

5. Manuscript Title
Environmental Concerns for Children with Asthma on the Navajo Nation

6. Manuscript Identifying Number (if you know it)
White-201708-674PS.R1

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

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"/>	NIH grant funding the Navajo asthma outreach program

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 publication**.

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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NHLBI ORBEX asthma prevention trial -site PI
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NHLBI Asthmanet - site investigator

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARK NIAID Asthma Prevention Study - key investigator
Cystic Fibrosis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CFF DSMB infrastructure grant
Cystic Fibrosis Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant, Chair of CFF DSMB
Cystic Fibrosis Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member CER/Registry Committee
Cystic Fibrosis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPIC Observational Study Co-PI
University of Arizona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Employer
American College of Chest Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker, ACCP Board Prep Course
American Thoracic Society	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker, ATS Postgraduate Course
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-chair Epidemiologic Study of Cystic Fibrosis
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Tucson Children's Respiratory Study - Key Investigator

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Morgan reports grants from NIH, during the conduct of the study; grants from NIH, grants from Cystic Fibrosis Foundation, personal fees from Cystic Fibrosis Foundation, grants from Cystic Fibrosis Foundation, personal fees from University of Arizona, personal fees from American College of Chest Physicians, personal fees from American Thoracic Society, personal fees from Genentech, outside the submitted work; .

Evaluation and Feedback

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

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.

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".

3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Teshia

2. Surname (Last Name)

Solomon

3. Date

22-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynn B. Gerald, PhD

5. Manuscript Title

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Are there any relevant conflicts of interest? Yes No

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Dr. Solomon has nothing to disclose.

Evaluation and Feedback

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