



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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3. Relevant financial activities outside the submitted work.

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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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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Planet

3. Date
02-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Culture-independent Analysis of Pediatric Broncho-alveolar Lavage (BAL) Specimens

6. Manuscript Identifying Number (if you know it)
White-201802-146OC

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
Thrasher Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doris Duke Foudation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pediatric Infectious Disease Society/St Judes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cystic Fibrosis Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Planet reports grants from Thrasher Foundation , grants from Doris Duke Foudation, grants from Pediatric Infectious Disease Society/St Judes, from Cystic Fibrosis Foundation, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Philip

2. Surname (Last Name)
Zachariah

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13-April-2018

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1. Given Name (First Name) Sruti 2. Surname (Last Name) Nadimpalli 3. Date 13-April-2018

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

5. Manuscript Title
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1. Given Name (First Name)
Chanelle

2. Surname (Last Name)
Ryan

3. Date
13-April-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Michelle

2. Surname (Last Name)
Kolb

3. Date
13-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

Culture-independent Analysis of Pediatric Broncho-alveolar Lavage (BAL) Specimens

6. Manuscript Identifying Number (if you know it)

White-201802-146OC

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Section 1. Identifying Information

1. Given Name (First Name)
Hannah

2. Surname (Last Name)
Smith

3. Date
13-April-2018

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

5. Manuscript Title
Culture-independent Analysis of Pediatric Broncho-alveolar Lavage (BAL) Specimens

6. Manuscript Identifying Number (if you know it)
White-201802-146OC

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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Saiman

3. Date

13-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

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Marc

2. Surname (Last Name)

Foca

3. Date

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Yes

No

Corresponding Author's Name

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