

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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) Xiaofeng 2. Surname (Last Name) Zhou 3. Date 11-December-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Bethany B. Moore and Gregory A. Yanik

5. Manuscript Title
First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation

6. Manuscript Identifying Number (if you know it)
Blue-201809-1635OC

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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"/>	
HHV-6 Foundation	<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

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Dr. Zhou reports grants from NIH, grants from HHV-6 Foundation, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Gregory

2. Surname (Last Name)
Yanik

3. Date
11-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
First onset herpes viral infection and lung injury in allogeneic hematopoietic cell transplantation

6. Manuscript Identifying Number (if you know it)
Blue-201809-1635C

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Dr. Yanik has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
O'Dwyer

3. Date
11-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Bethany B. Moore and Gregory A. Yanik

5. Manuscript Title
First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation

6. Manuscript Identifying Number (if you know it)
Blue-201809-1635OC

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Dr. O'Dwyer reports grants from NIH, 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) Camille	2. Surname (Last Name) Bulte	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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Ms. Bulte has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Carol	2. Surname (Last Name) Wilke	3. Date 11-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
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Issued: The patent has been issued by the agency

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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) Holly	2. Surname (Last Name) Miller	3. Date 11-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Miller 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) Timothy	2. Surname (Last Name) Hoffman	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kevin	2. Surname (Last Name) Sekerak	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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Are there any relevant conflicts of interest? Yes No

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Mr. Sekerak 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) Mathew	2. Surname (Last Name) Chadwick	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Mr. Chadwick 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)
Bethany

2. Surname (Last Name)
Moore

3. Date
12-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation

6. Manuscript Identifying Number (if you know it)
Blue-201809-1635OC

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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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Dr. Moore reports grants from NIH, 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) Susan	2. Surname (Last Name) Murray	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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Are there any relevant conflicts of interest? Yes No

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Dr. Patel has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Chan	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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

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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Mr. Chan 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) Swapneel	2. Surname (Last Name) Patel	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Patel 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) Kelsey	2. Surname (Last Name) Trulik	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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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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Ms. Trulik 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) Meng	2. Surname (Last Name) Xia	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
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6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wayne	2. Surname (Last Name) Yokoyama	3. Date 11-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bethany B. Moore and Gregory A. Yanik
5. Manuscript Title First onset herpesviral infection and lung injury in allogeneic hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) Blue-201809-1635OC		

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Dr. Yokoyama has nothing to disclose.

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