

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Bria

2. Surname (Last Name)
Coates

3. Date
29-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Andrew D. Prigge, MD

5. Manuscript Title
Age-dependent differences in T cell responses to influenza A virus

6. Manuscript Identifying Number (if you know it)
Red-2020-0169TR

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Section 1. Identifying Information

1. Given Name (First Name)
Ruihua

2. Surname (Last Name)
Ma

3. Date
26-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Andrew D. Prigge, MD

5. Manuscript Title
Age-dependent differences in T cell responses to influenza A virus

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

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1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Prigge

3. Date
26-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Age dependent differences in T cell responses to influenza A virus

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

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1. Given Name (First Name)
Karen

2. Surname (Last Name)
Ridge

3. Date
15-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Andrew D. Prigge, MD

5. Manuscript Title
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Benjamin

2. Surname (Last Name)
Singer

3. Date
26-May-2020

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Andrew D. Prigge, MD

5. Manuscript Title
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