

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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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Naomi	2. Surname (Last Name) Habib	3. Date 06-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen Channick
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) Scholar-2020-0016RE.R2		

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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Dr. Habib has nothing to disclose.

Evaluation and Feedback

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Agreement to Publish in ATS Scholar

Please fill out the required fields to identify the work (the "Work"), save a PDF of the completed form to your computer, and upload it at the time of submission. If you have submitted, please email the form to forms@thoracic.org with your manuscript ID in the subject line. Where the Work is the product of more than one author, each author must complete and send a form. By submitting this form, you agree to the terms in the Instructions for Contributors.

Journal ATS Scholar

Manuscript ID Number _____

Manuscript Title _____

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Date 1/30/20

Name Erin R Narewski, DO FCCP

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This certifies that the authors have been supported financially by the UK Funders/Wellcome Trust to conduct the research that is reported in this Work as specified above.

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Name _____

FOR NIH GRANTEES: If any of the authors have been supported financially by the NIH to conduct the research that is reported in this Work, the ATS will submit an electronic copy of the final accepted version on the authors' behalf to the NIH National Library of Medicine's (NLM) and PubMed Central (PMC) at a time in compliance with NIH requirements.

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Name _____

FOR U.S. AND FOREIGN GOVERNMENT EMPLOYEES: If the work was performed outside the scope of your employment, making you - and not the government agency you work for - the actual copyright holder of this Work, then you must sign the form above. If,

however, the Work is a work of the government, and, therefore, is not subject to U.S. copyright, then check the box and sign below.

This certifies that the contents of this Work accurately present the research findings and that I performed this work within the scope of government employment.

Date _____ Name _____

If the above Work is not accepted by the American Thoracic Society for publication, this Agreement has no legal effect. No Work may be published by the American Thoracic Society publication unless the ATS has received this form properly executed.



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Section 1.

Identifying Information

- | | | |
|----------------------------|------------------------|-----------------|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| Rami | Alashram | 23-January-2020 |
4. Are you the corresponding author? Yes No
5. Manuscript Title
ATS SCHOLAR CORE CURRICULUM - SUBMASSIVE PE
6. Manuscript Identifying Number (if you know it)
N/A

Section 2.

The Work Under Consideration for Publication

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Dr. Alashram 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) Amita	2. Surname (Last Name) Krishnan	3. Date 27-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title _____		
6. Manuscript Identifying Number (if you know it) _____		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tyler

2. Surname (Last Name)
Peck

3. Date
04-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr. Colleen Channick

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
Scholar-2020-0016RE.R2

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1. Given Name (First Name) Rebecca	2. Surname (Last Name) Kapolka	3. Date 01-February-2020
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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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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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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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)
Raed

2. Surname (Last Name)
Alalawi

3. Date
03-February-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Colleen L Channick

5. Manuscript Title

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

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Colleen

2. Surname (Last Name)
Channick

3. Date
30-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Channick 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)
Erin

2. Surname (Last Name)
Narewski

3. Date
30-January-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Colleen Channick

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
Scholar-2020-0016RE.R2

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.)?

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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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Dr. Narewski 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)
Tristan

2. Surname (Last Name)
Huie

3. Date
13-July-2020

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

5. Manuscript Title
ATS Core Curriculum 2020: Part II: Adult Pulmonary Medicine

6. Manuscript Identifying Number (if you know it)
Scholar-2020-0016RE

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Promedior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site PI for clinical trial
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Site PI for clinical trial; writing support for manuscripts

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. Huie reports research support from Promedior and Boehringer Ingelheim, and writing support from Boehringer Ingelheim, 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)
Kristina

2. Surname (Last Name)
Bailey

3. Date
23-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Bailey has nothing to disclose.

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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) Kristina	2. Surname (Last Name) Bailey	3. Date 23-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Colleen Channick
5. Manuscript Title ATS Core Curriculum 2020: Adult Pulmonary Medicine.		
6. Manuscript Identifying Number (if you know it) Scholar-2020-0016RE.R2		

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

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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. Bailey 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)
Eva

2. Surname (Last Name)
Carmona

3. Date
24-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
N/A

6. Manuscript Identifying Number (if you know it)
N/A

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 to Dr Limper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATS fungal diagnostic guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
elsevier, editor of review material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$500
Consulting to develop educational materials for CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-\$5,000

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
SEPAR (sponsor by BOEHRINGER)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8\$00

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. Carmona reports grants from NIH to Dr Limper, non-financial support from ATS fungal diagnostic guidelines, during the conduct of the study; personal fees from Elsevier, editor of review material, from Consulting to develop educational materials for CHEST, personal fees from SEPAR (sponsor by BOEHRINGER), outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Eva

2. Surname (Last Name)
Carmona

3. Date
24-January-2020

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

5. Manuscript Title
N/A

6. Manuscript Identifying Number (if you know it)
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Josalyn	2. Surname (Last Name) Cho	3. Date 29-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name <input type="text"/>
5. Manuscript Title <input type="text"/>		
6. Manuscript Identifying Number (if you know it) <input type="text"/>		

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.)?

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Dr. Cho 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) Caralee	2. Surname (Last Name) Caplan-Shaw	3. Date 28-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen Channick
5. Manuscript Title n/a		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Alison

2. Surname (Last Name)
Witkin

3. Date
30-January-2020

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

5. Manuscript Title

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

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
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Fee
Actelion Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Funding - Site PI for Selexipag Drug Registry

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Witkin reports personal fees from Bayer , grants from Actelion Pharmaceuticals, 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)
Kelly

2. Surname (Last Name)
Pennington

3. Date
22-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

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

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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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. Pennington 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) Bronwyn	2. Surname (Last Name) Small	3. Date 23-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title		
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

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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Dr. Small 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) Margaret	2. Surname (Last Name) Hayes	3. Date 16-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shazia Jamil
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) Scholar-2020-0016RE.R2		

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

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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)
Lammi

3. Date
23-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
N/A

Section 2. The Work Under Consideration for Publication

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Dr. Lammi 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) Lammi	3. Date 27-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Colleen Chanick
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) N/A		

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Dr. Lammi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Valerie

2. Surname (Last Name)
Griffeth

3. Date
23-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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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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Dr. Griffeth has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Parth

2. Surname (Last Name)

Ravi

3. Date

1/24/2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)
Samaan

2. Surname (Last Name)
Rafeq

3. Date
17-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Colleen Channick

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
Scholar-2020-0016RE.R2

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