

ICMJE Uniform Disclosure Form for 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 has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

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Given Name: Surname: Effective Date:

(or first)

(or last)

Format example: 07-August-2008

Are you the corresponding author? Yes No

Corresponding author's name:

Manuscript Title:

Manuscript Identifying Number (if you know it):

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No

Yes, specify nature of compensation

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
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						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Travel/accommodations expenses covered or reimbursed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Section 1. Identifying Information.

Given Name:
(or first)

Janice

Surname:
(or last)

Louie

Effective Date:

4-Dec-2009

Format example: 07-August-2008

Are you the corresponding author? Yes No

Manuscript Title:

Severe 2009 pandemic influenza A (H1N1) in pregnant and postpartum women in California

Manuscript Identifying Number (if you know it):

09-10444R2

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