

## 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.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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#### 4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

#### 5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



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Given Name:  Surname:  Effective Date:

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):

### Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI/NIH CARE NETWORK		Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x



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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
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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 ×
						Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aerocrine, GlaxoSmithKline, Genentech/Novartis, Merck, Schering		Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aerocrine, AstraZeneca, Genentech, GlaxoSmithKline, Merck, Schering		Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aerocrine, AstraZeneca, Genentech, GlaxoSmithKline, Merck, Schering		Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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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							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
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							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
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Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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 ×
						Add +

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck Co. Inc.		Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ross Abbott Laboratories		Del ×
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck Co. Inc.		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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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI	Provided grant for the study	Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NHLBI	Travel expenses reimbursed through the University of Wisconsin by grant funds for travel to CARE network meetings	Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI	Indirect costs from grant for administrative support for grant	Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +

\*\*Use this section to provide any needed explanation

**Section 3. Information about relevant financial relationships outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

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 ×	
							Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glaxo-Smith-Kline	Consultant at an advisory board meetings. \$3500-2007, \$3500-2008, \$4000-2009, \$0-2010	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Astra-Zeneca	Consultant at an advisory board meetings. \$3500-2007, \$14,324-2008, \$2500-2009, \$0-2010	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genetech/Novartis	Consultant at an advisory board meetings. \$2500-2009, \$0-2010	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck/Schering Plough	Consultant at an advisory board meetings. \$3800-2009, \$0-2010	Del ×	



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MAP Pharmaceuticals	Consultant at an advisory board meetings. \$2500-2009, \$0-2010	Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Altus Pharmaceuticals	Subinvestigator, grant support for pulmonary section	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspire Pharmaceuticals	Subinvestigator, grant support for pulmonary section	Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glaxo-Smith-Kline	Honoraria for speaking on guideline-based talks, No speaker bureaus since 1/1/09. \$5500-2007, \$2500-2008, \$0-2009, \$0-2010	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Astra-Zeneca	Honoraria for speaking on guideline-based talks, No speaker bureaus since 1/1/09. \$6000-2007, \$0-2008, \$0-2009, \$0-2010	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck	Honoraria for speaking on guideline-based talks, No speaker bureaus since 1/1/09 \$5,000-2008, \$0-2009, \$0-2010	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Peerpoint Medical Education Institute	Designed and presented CME accredited series on RSV disease. \$6000-2007, \$0-2008, \$11,000-2009, \$0-2010	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Antidote CME programs	Designed and presented CME accredited programs on Asthma guidelines. \$2000-2007, \$0-2008, \$0-2009, \$0-2010	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schering-Plough	Honoraria for speaking on guideline-based talks. \$2500-2008.	Del ×



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis	Honoraria for speaking on guideline-based talks. \$2500-2008.	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	American Academy of Allergy, Asthma, and Immunology	Honoraria for speaking on CME accredited research and guideline-based talks. \$1,000-2007, \$1,000-2008, \$1,000-2009, anticipate \$1,000-2010	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI	2007 CARE Network of the NHLBI: pending in genetics of controller response	Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glaxo-Smith-Kline	On speaker bureau 2007 and 2008. No speaker bureaus as of 1/1/09. Honoraria totals listed above.	Del ×
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Astra-Zeneca	On speaker bureau 2007 and 2008. No speaker bureaus as of 1/1/09. Honoraria totals listed above.	Del ×
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck	On speaker bureau in 2008. No speaker bureaus as of 1/1/09. Honoraria totals listed above.	Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" 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 ×

## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +

### Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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

### Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

- No relevant nonfinancial relationships/conditions/circumstances to report.
- Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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### INSTRUCTIONS:

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#### 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.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

The goal of this section is to provide information for our reviewers and readers about your interactions with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to benefit financially from the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as the NIH or the MRC, need not be disclosed. For example, if the NIH sponsored a piece of work you have been involved in but drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

#### 5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 1. Identifying Information.

Given Name:  Surname:  Effective Date:

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):

### Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Heart Lung and Blood Institute		Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +

## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +

\*\*Use this section to provide any needed explanation

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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 ×
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	American Academy of Allergy, Asthma and Immunology & GlaxoSmithKline	Fellow Career Development Award	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmaxis	Received grant support to evaluate mannitol responsiveness in children participating in an NHLBI-funded program project grant	Del ×
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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 ×
						Add +

## **ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

### **Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).**

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 1. Identifying Information.

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):

### Section 2. Information about the support of the work under consideration for publication.

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genentech	This took place in 2007.	Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						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 ×
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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 ×
						Add +

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#### **4. Financial relationships involving your spouse or partner or your children (under 18 years of age).**

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

#### **5. Nonfinancial associations.**

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 1. Identifying Information.

Given Name:  Surname:  Effective Date:

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Manuscript Title:

Manuscript Identifying Number (if you know it):

### Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Heart Lung and Blood Institute (NHLBI)	Provided grant support (CARE network) for the study	Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI	Provided grant support for travel to CARE network steering committee meetings	Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI	Provided grant support to the Data Coordinating Center for data management and statistical analysis	Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck, Inc.	Provided study medication and matching placebos to conduct the study	Del ×
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glaxo Smith Kline	Provided study medication and matching placebos to conduct the study	Del ×
							Add +

\*\*Use this section to provide any needed explanation

**Section 3. Information about relevant financial relationships outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

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 ×	
							Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MAP Pharmaceuticals	Consultant	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gray Consulting	Consultant	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smith Research, Inc.	Consultant	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck Childhood Asthma Network	Consultant (board member)	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis	Consultant	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quintiles/Innovax	Consultant	Del ×	



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	R.C. Horowitz & Co.	Consultant	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Consultant	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Scienomics Group	Consultant	Del ×
						Add +
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Wisconsin School of Medicine and Public Health	Professor of Pediatrics and Medicine	Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						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"/>	National Heart Lung and Blood Institute	Asthma Clinical Research Network (U10); Childhood Asthma Research and Education Network (U10); Childhood Origins of Asthma (PPG); Lung Development Grant (RO1); AsthmaNet (U10)	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmaxis	Received grant support to evaluate mannitol responsiveness in children participating in an NHLBI- funded Program Project Grant	Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck	Speakers Bureau (no longer a participant)	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doernbecher Children's Hospital	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washington University	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medicus Group	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Park Nicolet Institute	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	American College of Allergy Asthma Immunology	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.A. Allergy Society	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michigan Allergy/Asthma Society	Speaker honoraria	Del ×



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical College of Wisconsin	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toronto Allergy Society	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fund for Medical Research and Education (Detroit)	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children's Hospital of Minnesota	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	American Academy of Allergy, Asthma and Immunology	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detroit Beaumont Hospital	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Illinois	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canadian Society of Allergy and Clinical Immunology	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New York Presbyterian Hospital	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SRA	Speaker honoraria	Del ×
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Western Society of Allergy, Asthma, and Immunology	Speaker honoraria	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elsevier, Inc.	Co-editor of Middleton's Allergy: Principles and Practice	Del ×
Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UpToDate	Author	Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck	Each of the speaking engagements for this entity would have been associated with reimbursement of travel and accommodations expenses	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Each of the speaking engagements for this entity would have been associated with reimbursement of travel and accommodations expenses	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doembecher Children's Hospital	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washington University	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medicus Group	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Park Nicolet	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.A. Allergy Society	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michigan Allergy/Asthma Society	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical College of Wisconsin	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toronto Allergy Society	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fund for Medical Research and Education (Detroit)	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children's Hospital of Minnesota	Travel and accommodation expenses covered	Del ×



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detroit Beaumont Hospital	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Illinois	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canadian Society of Allergy and Clinical Immunology	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New York Presbyterian Hospital	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SRA	Travel and accommodation expenses covered	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Western Society of Allergy, Asthma, and Immunology	Travel and accommodation expenses covered	Del ×
						Add +
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Genentech	Principal Investigator for an industry-sponsored clinical trial evaluating anti-IL-13 therapy	Del ×
						Add +

**Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).**

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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

**Section 5. Information about relevant nonfinancial associations.**

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

- No relevant nonfinancial relationships/conditions/circumstances to report.
- Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):



## **ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Save Form

## **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.**

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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#### **4. Financial relationships involving your spouse or partner or your children (under 18 years of age).**

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

#### **5. Nonfinancial associations.**

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 1. Identifying Information.

Given Name:  Surname:  Effective Date:

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Manuscript Title:

Manuscript Identifying Number (if you know it):

### Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

- No  
 Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIH		Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +

\*\*Use this section to provide any needed explanation

**Section 3. Information about relevant financial relationships outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck MedImmune		Del ×
						Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GlaxoSmithKline MedImmune		Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Grants/grants pending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NIH American Lung Ass. (ALA) FAAN Parker B Francis Foundation AstraZeneca Genentech GlaxoSmithKline Eli Lilly Diamyd Therapeutics Inspire Pharmaceuticals Gilead Pharmaceuticals Boehringer Ingelheim Nestle Baeyer MedImmune Mpex Pharmaceuticals Pharmaxis LTD Respironics		Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genentech Merck		Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genentech Merck		Del ×

## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +

### Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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

### Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

- No relevant nonfinancial relationships/conditions/circumstances to report.  
 Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Save Form

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#### **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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## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

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Given Name:  Surname:  Effective Date:

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):

### Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIH - NHLBI	NHLBI Sponsored this study	Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x



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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glaxo Smith Kline	donated study drug and matching placebo	Del ×
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Merck	donated study drug and matching placebo	Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +

\*\*Use this section to provide any needed explanation

**Section 3. Information about relevant financial relationships outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

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 ×	
							Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Biocryst	DSMB member	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Watermark	DSMB member	Del ×	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parexel	DSMB member	Del ×	
							Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×	
							Add +



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						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 ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roche	I met with their clinical research division to discuss general issues related to clinical trial design	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roche	See honoraria comment above	Del ×
						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +

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

My wife, Elizabeth Mauger, serves on DSMBs for Quintiles and INC Research.

### Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

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Yes, specify nature of compensation

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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIH-NHLBI	Funded by NIH CARE Network	Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIH-NHLBI	Funded by NIH CARE Network	Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x



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							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NIH-NHLBI	The NIH NHLBI funded the CARE Data Coordinating Center at Penn State	Del x
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genentech	Chair, Epidemiologic Study of Cystic Fibrosis Scientific Advisory Group	Del x
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis	Consultant for FDA submission of omalizumab for approval in children from 6-11 years	Del x
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vertex Pharmaceuticals	Consultant on the development of cystic fibrosis registries	Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x



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						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novartis	Clinical trials agreement to fund the ICATA study as part of the NIAID-NIH Inner City Asthma Consortium	Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Phadia AB	Lecture on environmental intervention in asthma	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Only for the above-mentioned consultancies and lectures	Del ×
						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +

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Yes, specify nature of compensation

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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Institutes of Health	Details per Dr. Lemanske's form	Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x



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							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
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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 ×
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						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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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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 ×
						Add +

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## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 1. Identifying Information.

Given Name:  Surname:  Effective Date:

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):

### Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Heart, Lung and Blood Institute (NHLBI)	Provided grant support to conduct Childhood Asthma Research and Education (CARE) study	Del x
							Add +
Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Johns Hopkins	Fee - DSMB for NHLBi	Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI	Provided grant support for travel to CARE Network Steering Committee Meetings	Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Provided grant support to the Data Coordinating Center for data management and statistical analysis	Del x



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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck, Inc.	Provided study medication and matching placebos to conduct the study	Del ×
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GlaxoSmithKline	Provided study medication and matching placebos to conduct the study	Del ×
							Add +

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Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GSK Schering Plough AstraZeneca	Respiratory Advisory Board Respiratory Advisory Board Respiratory Advisory Board	Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×



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						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schering Plough Pharmaxis Sandoz	Past grants as part of multicenter trials	Del ×
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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 ×
						Add +

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(or first)

(or last)

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GlaxoSmithKline		Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						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 ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GlaxoSmithKline	1 meeting \$2,000	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GlaxoSmithKline		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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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NHLBI/CARE Network		Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x



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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +

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Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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Yes, specify nature of compensation

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck	for new drug, 3 meetings \$6,000	Del x
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genentech	1 meeting \$2,000	Del x
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schering	for new drug development, 1 meeting \$2,000	Del x
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boehringer-Ingelheim	for new drug development, 1 meeting \$2,000	Del x



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis	for database development on severe asthma and new drug development, 2 meetings \$4,000	Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GlaxoSmithKline	Health Outcomes Grant \$150,000	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ross, Abbott	Nutritional Research grant \$1,000,000	Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck	Approx 8 lectures \$16,000	Del ×
						Add +
Payment for manuscript preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genentech	Approx 6 manuscripts on severe asthma database (TENOR) \$1,600	Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NHLBI CARE Network	not established but previously submitted Beta adrenengic receptor polymorphism for CARE network	Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +

## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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 ×
						Add +

### Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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

### Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

- No relevant nonfinancial relationships/conditions/circumstances to report.  
 Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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#### 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.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

The goal of this section is to provide information for our reviewers and readers about your interactions with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to benefit financially from the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as the NIH or the MRC, need not be disclosed. For example, if the NIH sponsored a piece of work you have been involved in but drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

#### 5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



## ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

### Section 1. Identifying Information.

Given Name:  Surname:  Effective Date:

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Manuscript Title:

Manuscript Identifying Number (if you know it):

### Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

- No  
 Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Heart Lung and Blood Institute (NHLBI)	Grant support (CARE Network) for the study	Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +



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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +

\*\*Use this section to provide any needed explanation

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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 ×
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						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 ×
						Add +



**ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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 ×
						Add +

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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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- Yes, the following relationships/conditions/circumstances are present (explain below):

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### Section 1. Identifying Information.

Given Name:  Surname:  Effective Date:

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):

### Section 2. Information about the support of the work under consideration for publication.

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No

Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UCSD	NHLBI grant	Del x
Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kaiser Permanente Southern California Region	Subcontract from UCSD	Del x
							Add +
Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +
Support for travel to meetings for the study or otherwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UCSD	Part of Grant: Reimbursement for attending Network meetings	Del x
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del x
							Add +



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Type	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Del ×
							Add +

\*\*Use this section to provide any needed explanation

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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 ×
						Add +
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aerocrine	Meets NIH guidelines	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Meets NIH guidelines	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genentech	Meets NIH guidelines	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schering	Meets NIH guidelines	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MedImmune	Meets NIH guidelines	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MERCK	Meets NIH guidelines	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GlaxoSmithKline	Meets NIH guidelines	Del ×
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis	Meets NIH guidelines	Del ×



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DynaVac	More than 36 months ago. Meets NIH guidelines	Del ×
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Genentech	Grant to Kaiser Permanente Southern California Region	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novartis	Grant to Kaiser Permanente Southern California Region	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MERCK	Grant to Kaiser Permanente Southern California Region	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GlaxoSmithKline	Grant to Kaiser Permanente Southern California Region	Del ×
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aerocrine	Grant to Kaiser Permanente Southern California Region	Del ×
						Add +
Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Lecture more than 36 months ago. Meets NIH guidelines	Del ×
						Add +
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Genentech	Reimbursed	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MERCK	Reimbursed	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GlaxoSmithKline	Reimbursed	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aerocrine	Reimbursed	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schering	Reimbursed	Del ×
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Reimbursed	Del ×
						Add +
Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +

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