

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Concetta	2. Surname (Last Name) Castilletti	3. Date 19-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Vairo
5. Manuscript Title The role of partners' testing for Zika during screening for pregnant and pregnancy planning women returning from at risk areas.		
6. Manuscript Identifying Number (if you know it) L17-0196		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Castilletti has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Giuseppe

2. Surname (Last Name)
Ippolito

3. Date
24-April-2017

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

5. Manuscript Title
The role of partners' testing for Zika during screening for pregnant and pregnancy planning women returning from at risk areas.

6. Manuscript Identifying Number (if you know it)
L17-0196

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1. Given Name (First Name)
Emanuele

2. Surname (Last Name)
Nicastri

3. Date
15-April-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Vairo Francesco

5. Manuscript Title
The role of partners' testing for Zika during screening for pregnant and pregnancy planning women returning from at risk areas

6. Manuscript Identifying Number (if you know it)
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Francesco

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Vairo

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24-April-2017

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Yes No

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