

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Pamela	2. Surname (Last Name) Klein	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Cheever
5. Manuscript Title Reducing HIV Viral Suppression Disparities Nationally		
6. Manuscript Identifying Number (if you know it) L19-0066		

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

Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Klein has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Antigone

2. Surname (Last Name)  
Dempsey

3. Date  
20-February-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Reducing HIV Viral Suppression Disparities Nationally

6. Manuscript Identifying Number (if you know it)  
L19-0066

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Ms. Dempsey has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Laura

2. Surname (Last Name)  
Cheever

3. Date  
20-February-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Reducing HIV Viral Suppression Disparities Nationally

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
United States Department of Health and Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	We work for the US Department of Health and Human Services and are paid salaries to administer the Ryan White HIV/AIDS Program

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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1. Given Name (First Name) Paul	2. Surname (Last Name) Mandsager	3. Date 21-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Reducing HIV Viral Suppression Disparities Nationally		
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Mr. Mandsager has nothing to disclose.

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1. Given Name (First Name) Heather	2. Surname (Last Name) Hauck	3. Date 21-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Reducing HIV Viral Suppression Disparities Nationally		
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I work for the federal agency that funds and provides monitoring and oversight for the Ryan White HIV/AIDS Program.

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Dr. Hauck reports and I work for the federal agency that funds and provides monitoring and oversight for the Ryan White HIV/AIDS Program.

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