

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Nowak	3. Date 22-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alberto Paniz Mandolfi
5. Manuscript Title Malaria Treatment in the United State: Looking Past the Precipice		
6. Manuscript Identifying Number (if you know it) L19-0675		

### 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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Are there any relevant conflicts of interest?  Yes  No

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

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Dr. Nowak has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Emilia Mia	2. Surname (Last Name) Sordillo	3. Date 22-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alberto Paniz-Mondolfi
5. Manuscript Title Malaria Treatment in the United States: Looking Past the Precipice		
6. Manuscript Identifying Number (if you know it) L19-0675		

### Section 2. The Work Under Consideration for Publication

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Dr. Sordillo 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)  
Alberto

2. Surname (Last Name)  
Paniz Mondolfi

3. Date  
23-October-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Malaria Treatment in the United States: Looking Past the Precipice

6. Manuscript Identifying Number (if you know it)  
M19-2939

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Dr. Paniz Mondolfi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Melissa	2. Surname (Last Name) Gitman	3. Date 23-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emilia Sordillo
5. Manuscript Title Malaria Treatment in the United States: Looking Past the Precipice		
6. Manuscript Identifying Number (if you know it) M19-1144		

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