

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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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)
Elizabeth

2. Surname (Last Name)
Livingston

3. Date
14-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ingrid Katz MD MPH

5. Manuscript Title

"Factors Associated with Lack of Viral Suppression at Delivery among HAART-Naive HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study"

6. Manuscript Identifying Number (if you know it)

M13-2005

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Section 1. Identifying Information

1. Given Name (First Name)
Ingrid

2. Surname (Last Name)
Katz

3. Date
14-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Factors Associated with Lack of Viral Suppression at Delivery among HAART-Naive HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study

6. Manuscript Identifying Number (if you know it)
M13-2005

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Shapiro

3. Date
20-August-2014

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

5. Manuscript Title
Factors Associated with Lack of Viral Suppression at Delivery among HAART-Na?ve HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study

6. Manuscript Identifying Number (if you know it)
M13-2005

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Shapiro reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) ALice	2. Surname (Last Name) Stek	3. Date 24-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid Katz
5. Manuscript Title Factors Associated with Lack of Viral Suppression at Delivery among HAART-Naive HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study		
6. Manuscript Identifying Number (if you know it) M13-2005		

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Dr. Stek 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) Deborah

2. Surname (Last Name) KacaneK

3. Date 03-September-2014

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

5. Manuscript Title
Factors Associated with Lack of Viral Suppression at Delivery among HAART-Naive HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study"

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National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am employed by Harvard University and my salary is funded through grants from the National Institutes of Health.

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Dr. Kacanek reports grants from National Institutes of Health, during the conduct of the study; grants from National Institutes of Health, outside the submitted work; .

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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) Ruth	2. Surname (Last Name) Tuomala	3. Date 17-November-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ingrid Katz
5. Manuscript Title "Factors Associated with Lack of Viral Suppression at Delivery among HAART-Na?ve HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study"		
6. Manuscript Identifying Number (if you know it) M13-2005		

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

Section 3. Relevant financial activities 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 entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Tuomala has nothing to disclose.

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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) Hughes

3. Date 07-November-2014

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

5. Manuscript Title
Factors Associated with Lack of Viral Suppression at Delivery among HAART-Naive HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV-related research grants
Boehringer Ingelheim, Pfizer, Tibotec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid member of clinical trial data monitoring committees

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Hughes reports grants from NIH, during the conduct of the study; grants from NIH, personal fees from Beohringer Ingelheim, Pfizer, Tibotec, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Arlene

2. Surname (Last Name)

Bardequez

3. Date

08-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ingrid Katz, MD, MHSc.

5. Manuscript Title

Factors Associated with lack of viral suppression at delivery among HAART HIV (=) women in the IMPAACT P1025 Study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bardequez 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)
Erin

2. Surname (Last Name)
Leister

3. Date
19-August-2014

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

5. Manuscript Title
Factors Associated with Lack of Viral Suppression at Delivery among HAART-Naïve HIV-Positive Women in the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) P1025 Study

6. Manuscript Identifying Number (if you know it)
M13-2005

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Leister reports grants from NIH, during the conduct of the study; .

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