

## 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Barun	2. Surname (Last Name) De	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title "Microsporidiosis Acquired through Solid Organ Transplantation"		
6. Manuscript Identifying Number (if you know it) M13-2226		

### 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

### 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. De has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Marcos	2. Surname (Last Name) de Almeida	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan N. Hocevar
5. Manuscript Title Microsporidiosis acquired through solid organ transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226 (???)		

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

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Dr. de Almeida 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) Christopher	2. Surname (Last Name) Paddock	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan hoccevar
5. Manuscript Title Microsporidiosis acquired through solid organ transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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Dr. Paddock 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)

Isabel

2. Surname (Last Name)

Castillo

3. Date

04-December-2013

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

"Microsporidiosis Acquired through Solid Organ Transplantation"

6. Manuscript Identifying Number (if you know it)

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

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Mrs. Castillo has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Sergio

2. Surname (Last Name)  
Luna

3. Date  
04-December-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)  
M13-2226

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Sergio Luna RN has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
Theresa

2. Surname (Last Name)  
Benedict

3. Date  
04-December-2013

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Susan Hocevar, MD

5. Manuscript Title  
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)  
M13-2226

### 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.

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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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mrs. Benedict 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) Alex	2. Surname (Last Name) Hoffmaster	3. Date 05-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

### 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.

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hoffmaster 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) Tammie      2. Surname (Last Name) Peterson      3. Date 12-15-13
4. Are you the corresponding author?  Yes  No
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation
6. Manuscript Identifying Number (if you know it) MJ-2226

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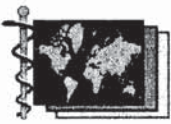
Are there any relevant conflicts of interest?  Yes  No

Employed + paid a salary only.

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)

SURESH

2. Surname (Last Name)

ANTONY

3. Date

12/9/13

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Microspondion in Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Rama

2. Surname (Last Name)

Sriram

3. Date

17-December-2013

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Microsporidiosis Acquired through Solid Organ Transplantation

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

### Section 1. Identifying Information

1. Given Name (First Name)  
Meredith

2. Surname (Last Name)  
Morrow

3. Date  
05-December-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Susan Hocevar

5. Manuscript Title  
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)  
M13-2226

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Dr. Morrow 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)  
Robyn

2. Surname (Last Name)  
Stoddard

3. Date  
04-December-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Susan Hocevar

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
M13-2226

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dianna	2. Surname (Last Name) Blau	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

### 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.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Hocevar

3. Date  
04-December-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)  
M13-2226

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Sidwa	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar, MD
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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Dr. Sidwa 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) Mam	2. Surname (Last Name) Ibraheem	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar, MD
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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Dr. Ibraheem 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)  
Joe

2. Surname (Last Name)  
Vidales

3. Date  
05-December-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Govinda	2. Surname (Last Name) Visvesvara	3. Date 15-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired Through Solid Organ Transplantation Microsporidiosis Acquired Through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

### 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.

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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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Visvesvara has nothing to disclose.

### Evaluation and Feedback

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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)  
Rebekah

2. Surname (Last Name)  
Tiller

3. Date  
12-December-2013

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

5. Manuscript Title  
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)  
M13-2226

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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

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Dr. Tiller 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) Marta	2. Surname (Last Name) Guerra	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title "Microsporidiosis Acquired through Solid Organ Transplantation"		
6. Manuscript Identifying Number (if you know it) M13-2226		

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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

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Guerra 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) Matthew	2. Surname (Last Name) Kuehnert	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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

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

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Dr. 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) Neil	2. Surname (Last Name) Pascoe	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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Are there any relevant conflicts of interest?  Yes  No

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Mr. Pascoe 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) Randall	2. Surname (Last Name) Rosenblatt	3. Date 09-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name susan hocevar
5. Manuscript Title "Microsporidiosis Acquired through Solid Organ Transplantation"		
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#### 4. Intellectual Property.

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**Other:** Anything not covered under the previous three boxes

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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) William	2. Surname (Last Name) Bower	3. Date 16-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
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

### Section 3. Relevant financial activities outside the submitted work.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Glen

2. Surname (Last Name)  
Friedman

3. Date  
18-December-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hocevar, Susan M.D.

5. Manuscript Title  
Microsporidiosis Acquired Through solid Organ Transplantation.

6. Manuscript Identifying Number (if you know it)  
M13-2226

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Placeholder for the automatically generated disclosure statement.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Cedric	2. Surname (Last Name) Spak	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it)		

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Spak 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)  
Cynthia

2. Surname (Last Name)  
Goldsmith

3. Date  
04-December-2013

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Susan Hocevar

5. Manuscript Title  
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)

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Dr. Goldsmith 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)  
Hector
2. Surname (Last Name)  
Diaz Luna
3. Date  
19-December-2013
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Hocevar, Susan M.D.
5. Manuscript Title  
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M13-2226

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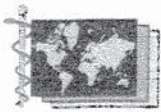
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sherif R.

2. Surname (Last Name)  
Zaki

3. Date  
18-December-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Susan Hocevar

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alexandre	2. Surname (Last Name) da Silva	3. Date 20-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis acquired through solid organ transplantation		
6. Manuscript Identifying Number (if you know it)		

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. da Silva has nothing to disclose.

### Evaluation and Feedback

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