

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

# Identifying information.

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Beaty 1



| Section 1. Identifying Inform                                 | ation                                                       |                                                                                                                                                                                              |
|---------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Given Name (First Name)<br>Brenda                          | 2. Surname (Last Name)<br>Beaty                             | 3. Date<br>06-December-2013                                                                                                                                                                  |
| 4. Are you the corresponding author?                          | Yes ✓ No                                                    | Corresponding Author's Name<br>Laura Hurley                                                                                                                                                  |
| 5. Manuscript Title<br>"National Physician Survey Regarding A | dult Vaccine Delivery: Miss                                 | sed Opportunities and a Call for a Systematic Approach"                                                                                                                                      |
| 6. Manuscript Identifying Number (if you kn<br>M13-2332       | now it)                                                     | _                                                                                                                                                                                            |
|                                                               |                                                             |                                                                                                                                                                                              |
| Section 2. The Work Under Co                                  | onsideration for Public                                     | ation                                                                                                                                                                                        |
|                                                               | but not limited to grants, dat                              | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,                                                           |
| Section 3. Relevant financial                                 | activities outside the s                                    | ubmitted work.                                                                                                                                                                               |
| of compensation) with entities as descri                      | bed in the instructions. Us<br>port relationships that were | ether you have financial relationships (regardless of amount<br>e one line for each entity; add as many lines as you need by<br>e <b>present during the 36 months prior to publication</b> . |
| Section 4. Intellectual Proper                                | ty Patents & Copyrig                                        | hts                                                                                                                                                                                          |
| Do you have any patents, whether plan                         |                                                             |                                                                                                                                                                                              |

Beaty 2



| Section 5.                 | Deletionalise not encound above                                                                                                                                                                       |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | Relationships not covered above                                                                                                                                                                       |
|                            | elationships or activities that readers could perceive to have influenced, or that give the appearance of named on the submitted work?                                                                |
| Yes, the follow            | ving relationships/conditions/circumstances are present (explain below):                                                                                                                              |
| ✓ No other relat           | ionships/conditions/circumstances that present a potential conflict of interest                                                                                                                       |
|                            | nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>nals may ask authors to disclose further information about reported relationships. |
| Section 6.                 | Disclosure Statement                                                                                                                                                                                  |
| Based on the abo<br>below. | ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box                                                                                            |
| Dr. Beaty has not          | hing to disclose.                                                                                                                                                                                     |

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O'Leary 1



| Section 1. Identifying Inform                                                                                                                                                    | nation                                                      |                                            |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|---------------------------------|
| 1. Given Name (First Name)<br>Sean                                                                                                                                               | 2. Surname (Last Name)<br>O'Leary                           |                                            | 3. Date<br>06-December-2013     |
| 4. Are you the corresponding author?                                                                                                                                             | Yes ✓ No                                                    | Corresponding Author's Nan<br>Laura Hurley | ne                              |
| 5. Manuscript Title<br>National Physician Survey Regarding Ad                                                                                                                    | dult Vaccine Delivery: Misso                                | ed Opportunities and a Call                | for a Systematic Approach       |
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|                                                                                                                                                                                  |                                                             | -                                          |                                 |
| Section 2. The Work Under Co                                                                                                                                                     | onsideration for Public                                     | ation                                      |                                 |
| Did you or your institution <b>at any time</b> rece<br>any aspect of the submitted work (including<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of intere | g but not limited to grants, da                             |                                            |                                 |
| Section 3. Relevant financial                                                                                                                                                    | activities outside the s                                    | ubmitted work.                             |                                 |
| Place a check in the appropriate boxes in of compensation) with entities as describled that the "Add +" box. You should replace there any relevant conflicts of interest.        | ibed in the instructions. Us<br>port relationships that wer | se one line for each entity; ac            | dd as many lines as you need by |
| Section 4. Intellectual Proper                                                                                                                                                   | rty Patents & Copyrig                                       | jhts                                       |                                 |
| Do you have any patents, whether plan                                                                                                                                            | ned, pending or issued, bro                                 | oadly relevant to the work?                | ☐ Yes 🗸 No                      |

O'Leary 2



| Section 5.        |                                                                                                                                                                                                         |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Relationships not covered above                                                                                                                                                                         |
|                   | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?                                                |
| Yes, the follo    | wing relationships/conditions/circumstances are present (explain below):                                                                                                                                |
| ✓ No other rela   | tionships/conditions/circumstances that present a potential conflict of interest                                                                                                                        |
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| Cartinu C         |                                                                                                                                                                                                         |
| Section 6.        | Disclosure Statement                                                                                                                                                                                    |
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| Dr. O'Leary has r | nothing to disclose.                                                                                                                                                                                    |

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Crane 1



| Section 1.                                                                                 | Identifying Inform                                                                                                   | nation                                                                                |                                                    |                                                                                      |                                                                         |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. Given Name (Fi<br>Lori                                                                  | rst Name)                                                                                                            | 2. Surname (Last Nam<br>Crane                                                         | <u>e</u> )                                         | 3. Date<br>10-Decem                                                                  | ıber-2013                                                               |
| 4. Are you the cor                                                                         | responding author?                                                                                                   | Yes ✓ No                                                                              | Corresponding<br>Laura Hurley                      | Author's Name                                                                        |                                                                         |
| 5. Manuscript Title<br>National Physicia                                                   |                                                                                                                      | dult Vaccine Delivery: <i>N</i>                                                       | Missed Opportunitie                                | es and a Call for a Syste                                                            | matic Approach                                                          |
| 6. Manuscript Ider<br>M13-2332                                                             | ntifying Number (if you kr                                                                                           | now it)                                                                               |                                                    |                                                                                      |                                                                         |
|                                                                                            |                                                                                                                      |                                                                                       |                                                    |                                                                                      |                                                                         |
| Section 2.                                                                                 | The Work Under Co                                                                                                    | onsideration for Pu                                                                   | blication                                          |                                                                                      |                                                                         |
| any aspect of the s<br>statistical analysis,<br>Are there any rel<br>If yes, please fill o | ubmitted work (including<br>etc.)?<br>evant conflicts of intere<br>out the appropriate info<br>be removed by pressin | g but not limited to grant<br>est?  Yes  Normation below. If you<br>g the "X" button. | s, data monitoring bo<br>o<br>have more than on    | ard, study design, manus                                                             | ivate foundation, etc.) for cript preparation,  O" button to add a row. |
| Centers for Disease C                                                                      | ontrol and Prevention                                                                                                | ✓ □                                                                                   | Барроте                                            |                                                                                      |                                                                         |
|                                                                                            |                                                                                                                      |                                                                                       |                                                    |                                                                                      |                                                                         |
| Section 3.                                                                                 | Relevant financial                                                                                                   | activities outside tl                                                                 | ne submitted wo                                    | rk.                                                                                  |                                                                         |
| of compensation<br>clicking the "Add<br>Are there any rel                                  | ) with entities as descri                                                                                            | ibed in the instructions port relationships that —                                    | s. Use one line for ea<br>were <b>present duri</b> | financial relationships (<br>ach entity; add as many<br><b>ng the 36 months prio</b> | y lines as you need by                                                  |
| Section 4.                                                                                 | Intellectual Prope                                                                                                   | rty Patents & Cop                                                                     | yrights                                            |                                                                                      |                                                                         |
| Do you have any                                                                            | patents, whether plan                                                                                                | ned, pending or issued                                                                | l, broadly relevant t                              | o the work? Yes                                                                      | ✓ No                                                                    |

Crane 2



| Section 5. Polationships not sovered above                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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?                                            |
| Yes, the following relationships/conditions/circumstances are present (explain below):                                                                                                                                               |
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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. Crane reports grants from Centers for Disease Control and Prevention, from null, during the conduct of the study; .                                                                                                              |

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Ahmed 1



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------|---------------------------------|
| 1. Given Name (First Name)<br>Faruque                                                                                                                                            | 2. Surname (Last Name)<br>Ahmed                             |                               | 3. Date<br>06-December-2013     |
| 4. Are you the corresponding author?                                                                                                                                             | Yes ✓ No                                                    | Corresponding Author's Nar    | me                              |
| 5. Manuscript Title<br>National Physician Survey Regarding Ad                                                                                                                    | dult Vaccine Delivery: Misso                                | ed Opportunities and a Call   | for a Systematic Approach       |
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| Intellectual Proper                                                                                                                                                              | rty Patents & Copyrig                                       | jhts                          |                                 |
| Do you have any patents, whether plan                                                                                                                                            | ned, pending or issued, bro                                 | oadly relevant to the work?   | Yes ✓ No                        |

Ahmed 2



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

Stokley 1



| Section 1. Identifying Inform                                 | nation                                                       |                                                                                                                                                                                          |
|---------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Given Name (First Name)<br>Shannon                         | 2. Surname (Last Name)<br>Stokley                            | 3. Date<br>09-December-2013                                                                                                                                                              |
| 4. Are you the corresponding author?                          | ☐ Yes ✓ No                                                   | Corresponding Author's Name<br>Laura Hurley                                                                                                                                              |
| 5. Manuscript Title<br>National physician survey regarding ac | dult vaccine delivery: Misse                                 | d opportunities and a call for a systematic approach                                                                                                                                     |
| 6. Manuscript Identifying Number (if you k M13-2332           | now it)                                                      |                                                                                                                                                                                          |
|                                                               |                                                              |                                                                                                                                                                                          |
| Section 2. The Work Under C                                   | Consideration for Public                                     | cation                                                                                                                                                                                   |
|                                                               | g but not limited to grants, da                              | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,                                                         |
| Section 3. Relevant financial                                 | activities outside the s                                     | submitted work.                                                                                                                                                                          |
| of compensation) with entities as descri                      | ribed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> . |
| Section 4. Intellectual Prope                                 | rty Patents & Copyric                                        | ghts                                                                                                                                                                                     |
| Do you have any patents, whether plar                         | nned, pending or issued, br                                  | roadly relevant to the work? Yes V No                                                                                                                                                    |

Stokley 2



| Section 5. Polationships not severed above                                                                                                                                                                                           |
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| Relationships not covered above                                                                                                                                                                                                      |
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| Ms. Stokley has nothing to disclose.                                                                                                                                                                                                 |

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Brtnikova 1



| Section 1.                                   | Identifying Inform         | nation                                                      |                                                                                                                                                                                  |
|----------------------------------------------|----------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Given Name (Fii<br>Michaela               | rst Name)                  | 2. Surname (Last Name)<br>Brtnikova                         | 3. Date<br>05-December-2013                                                                                                                                                      |
| 4. Are you the cor                           | responding author?         | Yes ✓ No                                                    | Corresponding Author's Name<br>Laura Hurley                                                                                                                                      |
| 5. Manuscript Title<br>National Physicia     |                            | dult Vaccine Delivery: Miss                                 | ed Opportunities and a Call for a Systematic Approach                                                                                                                            |
| 6. Manuscript Ider<br>M13-2332               | ntifying Number (if you kr | now it)                                                     |                                                                                                                                                                                  |
|                                              |                            |                                                             |                                                                                                                                                                                  |
| Section 2.                                   | The Work Under Co          | onsideration for Public                                     | tation                                                                                                                                                                           |
| any aspect of the s<br>statistical analysis, | ubmitted work (including   | g but not limited to grants, da                             | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,                                               |
| Section 3.                                   | Relevant financial         | activities outside the s                                    | submitted work.                                                                                                                                                                  |
| of compensation clicking the "Add            | ı) with entities as descri | ibed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. |
| Section 4.                                   | Intellectual Proper        | rty Patents & Copyrig                                       | yhts                                                                                                                                                                             |
| Do you have any                              | patents, whether plan      | ned, pending or issued, br                                  | oadly relevant to the work? Yes V No                                                                                                                                             |

Brtnikova 2



| Section 5. Relationships not sovered above                                                                                                                                                                                           |
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| Relationships not covered above                                                                                                                                                                                                      |
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Harpaz 1



| Section 1. Identifying Inform                                 | nation                                                      |                                                                                                                                                                                              |
|---------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Given Name (First Name)<br>Rafael                          | 2. Surname (Last Name)<br>Harpaz                            | 3. Date<br>05-December-2013                                                                                                                                                                  |
| 4. Are you the corresponding author?                          | Yes ✓ No                                                    | Corresponding Author's Name<br>Laura Hurley                                                                                                                                                  |
| 5. Manuscript Title<br>National Physician Survey Regarding Ad | dult Vaccine Delivery: Misso                                | ed Opportunities and a Call for a Systematic Approach                                                                                                                                        |
| 6. Manuscript Identifying Number (if you kr<br>M13-2332       | now it)                                                     |                                                                                                                                                                                              |
|                                                               |                                                             |                                                                                                                                                                                              |
| Section 2. The Work Under Co                                  | onsideration for Public                                     | ation                                                                                                                                                                                        |
|                                                               | but not limited to grants, da                               | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,                                                           |
| Section 3. Relevant financial                                 | activities outside the s                                    | ubmitted work.                                                                                                                                                                               |
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| Section 4. Intellectual Proper                                | rty Patents & Copyrig                                       | hts                                                                                                                                                                                          |
| Do you have any patents, whether plan                         | ned, pending or issued, bro                                 | oadly relevant to the work? Yes V No                                                                                                                                                         |

Harpaz 2



| Section 5. Relationships not solvered above                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relationships not covered above                                                                                                                                                                                                     |
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| Dr. Harpaz has nothing to disclose.                                                                                                                                                                                                 |

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patent

Allison 1



| Section 1.                                   | Identifying Inform         | nation                                                      |                                                                                                                                                                                  |
|----------------------------------------------|----------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Given Name (Fi<br>Mandy                   | rst Name)                  | 2. Surname (Last Name)<br>Allison                           | 3. Date<br>06-December-2013                                                                                                                                                      |
| 4. Are you the cor                           | responding author?         | ☐ Yes 🗸 No                                                  | Corresponding Author's Name<br>Laura Hurley                                                                                                                                      |
| 5. Manuscript Title<br>National Physicia     |                            | dult Vaccine Delivery: Miss                                 | ed Opportunities and a Call for a Systematic Approach                                                                                                                            |
| 6. Manuscript Idei<br>M13-2332               | ntifying Number (if you kr | now it)                                                     | _                                                                                                                                                                                |
| Continue 2                                   |                            |                                                             |                                                                                                                                                                                  |
| Section 2.                                   | The Work Under C           | onsideration for Public                                     | cation                                                                                                                                                                           |
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| Do you have any                              | patents, whether plan      | ned, pending or issued, br                                  | oadly relevant to the work? Yes V No                                                                                                                                             |

Allison 2



| Section 5. Relationships not covered above                                                                                                                                                                                           |
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Hales 1



| Section 1.                                   | Identifying Inform         | nation                                                      |                                                                  |                                                                                                   |
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| 4. Are you the cor                           | responding author?         | Yes ✓ No                                                    | Corresponding Author's Nam<br>Laura Hurley, MD, MPH              | ne                                                                                                |
| 5. Manuscript Title<br>National Physicia     |                            | dult Vaccine Delivery: Miss                                 | ed Opportunities and a Call                                      | for a Systematic Approach                                                                         |
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| Do you have any                              | patents, whether plan      | ned, pending or issued, br                                  | oadly relevant to the work?                                      | ☐ Yes ✓ No                                                                                        |

Hales 2



| Section 5. Polationships not severed above                                                                                                                                                                                           |
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| Dr. Hales has nothing to disclose.                                                                                                                                                                                                   |

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

Jimenez-Zambrano 1



| Section 1.                                   | Identifying Inform                                   | ation                                                                       |                                                                    |                                                                                                      |
|----------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1. Given Name (Fii<br>Andrea                 | rst Name)                                            | 2. Surname (Last Name)<br>Jimenez-Zambrano                                  |                                                                    | 3. Date<br>05-December-2013                                                                          |
| 4. Are you the cor                           | responding author?                                   | Yes ✓ No                                                                    | Corresponding Author's Nai<br>Dr. Laura Hurley                     | me                                                                                                   |
| 5. Manuscript Title<br>National Physicia     |                                                      | dult Vaccine Delivery: Mis                                                  | sed Opportunities and a Call                                       | for a Systematic Approach                                                                            |
| 6. Manuscript Ider<br>M13-2332               | ntifying Number (if you kr                           | now it)                                                                     |                                                                    |                                                                                                      |
|                                              |                                                      |                                                                             | _                                                                  |                                                                                                      |
| Section 2.                                   | The Work Under Co                                    | onsideration for Publi                                                      | ication                                                            |                                                                                                      |
| any aspect of the s<br>statistical analysis, | ubmitted work (including                             | but not limited to grants, d                                                | n a third party (government, col<br>ata monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation,                                |
| Section 3.                                   | Relevant financial                                   | activities outside the                                                      | submitted work.                                                    |                                                                                                      |
| of compensation clicking the "Add            | the appropriate boxes i<br>) with entities as descri | n the table to indicate which the instructions. Upont relationships that we | nether you have financial rela<br>Ise one line for each entity; a  | ationships (regardless of amount<br>add as many lines as you need by<br>nonths prior to publication. |
| Section 4.                                   | Intellectual Proper                                  | ty Patents & Copyri                                                         | ghts                                                               |                                                                                                      |
| Do you have any                              |                                                      |                                                                             | roadly relevant to the work?                                       | Yes 🗸 No                                                                                             |

Jimenez-Zambrano 2



| Section 5. Relationships not covered above                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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?                                            |
| Yes, the following relationships/conditions/circumstances are present (explain below):                                                                                                                                               |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest                                                                                                                                      |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| 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. Jimenez-Zambrano has nothing to disclose.                                                                                                                                                                                        |

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Jimenez-Zambrano 3



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Kempe 1



| Section 1. Identifying Inform                                                                                                                                                    | nation                                                           |                               |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------|---------------------------------|
| 1. Given Name (First Name)<br>Allison                                                                                                                                            | 2. Surname (Last Name)<br>Kempe                                  |                               | 3. Date<br>05-December-2013     |
| 4. Are you the corresponding author?                                                                                                                                             | Yes ✓ No                                                         | Corresponding Author's Na     | me                              |
| 5. Manuscript Title<br>National Physician Survey Regarding Ad                                                                                                                    | dult Vaccine Delivery: Miss                                      | ed Opportunities and a Cal    | for a Systematic Approach       |
| 6. Manuscript Identifying Number (if you kr                                                                                                                                      | now it)                                                          |                               |                                 |
|                                                                                                                                                                                  |                                                                  | _                             |                                 |
| Section 2. The Work Under Co                                                                                                                                                     | onsideration for Public                                          | ation                         |                                 |
| Did you or your institution <b>at any time</b> rece<br>any aspect of the submitted work (including<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of intere | ive payment or services from<br>but not limited to grants, da    | a third party (government, co |                                 |
| Section 3. Relevant financial                                                                                                                                                    | activities outside the s                                         | ubmitted work.                |                                 |
| Place a check in the appropriate boxes in of compensation) with entities as describled the "Add +" box. You should replace there any relevant conflicts of interest.             | ibed in the instructions. Us<br>port relationships that wer<br>— | e one line for each entity; a | dd as many lines as you need by |
| Section 4. Intellectual Proper                                                                                                                                                   | rty Patents & Copyrig                                            | ıhts                          |                                 |
| Do you have any patents, whether plan                                                                                                                                            | ., ., .,                                                         |                               | Yes 🗸 No                        |

Kempe 2



| Soction F                 |                                                                                                                                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section 5.                | elationships not covered above                                                                                                                                                                    |
|                           | tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?                                                  |
| Yes, the followin         | g relationships/conditions/circumstances are present (explain below):                                                                                                                             |
| ✓ No other relation       | nships/conditions/circumstances that present a potential conflict of interest                                                                                                                     |
|                           | script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>Is may ask authors to disclose further information about reported relationships. |
| Section 6. Di             | isclosure Statement                                                                                                                                                                               |
| Based on the above below. | disclosures, this form will automatically generate a disclosure statement, which will appear in the box                                                                                           |
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Bridges 1



| Section 1. Identifying Inform                                | nation                                                      |                                                                                                                                                                                                |
|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Given Name (First Name)<br>Carolyn                        | 2. Surname (Last Name)<br>Bridges                           | 3. Date<br>06-December-2013                                                                                                                                                                    |
| 4. Are you the corresponding author?                         | ☐ Yes ✓ No                                                  | Corresponding Author's Name<br>Dr. Laura Hurley                                                                                                                                                |
| 5. Manuscript Title<br>National Physician Survey Regarding A | dult Vaccine Delivery: Miss                                 | ed Opportunities and a Call for a Systematic Approach                                                                                                                                          |
| 6. Manuscript Identifying Number (if you ki<br>M13-2332      | now it)                                                     |                                                                                                                                                                                                |
|                                                              |                                                             |                                                                                                                                                                                                |
| Section 2. The Work Under C                                  | onsideration for Public                                     | ation                                                                                                                                                                                          |
|                                                              | g but not limited to grants, da                             | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,                                                             |
| Section 3. Relevant financial                                | activities outside the s                                    | ubmitted work.                                                                                                                                                                                 |
| of compensation) with entities as descr                      | ibed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount<br>se one line for each entity; add as many lines as you need by<br>se <b>present during the 36 months prior to publication</b> . |
| Section 4. Intellectual Prope                                | rty Patents & Copyrig                                       | jhts                                                                                                                                                                                           |
| Do you have any patents, whether plan                        | ned, pending or issued, br                                  | oadly relevant to the work? ☐ Yes ✓ No                                                                                                                                                         |

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| Section 5. Relationships not covered above                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| helationships not covered above                                                                                                                                                                                                      |
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| Dr. Bridges has nothing to disclose.                                                                                                                                                                                                 |

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Hurley 1



| Section 1.                                                                                                                                   | Identifying Inform                                           | ation                                                                                      |                                             |                  |                                |                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------|------------------|--------------------------------|--------------------|--|
| 1. Given Name (First Name)<br>Laura                                                                                                          |                                                              | 2. Surname (Last Name)<br>Hurley                                                           |                                             |                  | 3. Date<br>06-Decembe          | er-2013            |  |
| 4. Are you the corresponding author?                                                                                                         |                                                              | ✓ Yes No                                                                                   |                                             |                  |                                |                    |  |
| 5. Manuscript Title<br>National Physician Survey Regarding Adult Vaccine Delivery: Missed Opportunities and a Call for a Systematic Approach |                                                              |                                                                                            |                                             |                  |                                |                    |  |
| 6. Manuscript Identifying Number (if you know it) M13-2332                                                                                   |                                                              |                                                                                            |                                             |                  |                                |                    |  |
|                                                                                                                                              |                                                              |                                                                                            |                                             |                  |                                |                    |  |
| Section 2.                                                                                                                                   | The Work Under Co                                            | onsideration for Pu                                                                        | blication                                   |                  |                                |                    |  |
| any aspect of the su<br>statistical analysis, e<br>Are there any rele-<br>If yes, please fill ou                                             | bmitted work (including<br>tc.)?<br>vant conflicts of intere | rmation below. If you                                                                      | s, data monitoring<br>o                     | g board, study d | lesign, manuscri               | pt preparation,    |  |
| Name of Institution                                                                                                                          | on/Company                                                   | Grant? Personal Fees?                                                                      | Non-Financial<br>Support <sup>?</sup>       | Other? Co        | mments                         |                    |  |
| Center for Disease Con                                                                                                                       | trol and Prevention                                          | <b>✓</b>                                                                                   |                                             |                  |                                |                    |  |
|                                                                                                                                              |                                                              |                                                                                            |                                             |                  |                                |                    |  |
| Section 3.                                                                                                                                   | Relevant financial                                           | activities outside th                                                                      | e submitted                                 | work.            |                                |                    |  |
| of compensation)<br>clicking the "Add -<br>Are there any rele                                                                                | with entities as descri                                      | n the table to indicate<br>bed in the instructions<br>port relationships that<br>st? Yes V | s. Use one line fo<br>were <b>present d</b> | or each entity;  | add as many li                 | nes as you need by |  |
| Section 4.                                                                                                                                   | Intellectual Proper                                          | ty Patents & Copy                                                                          | yrights                                     |                  |                                |                    |  |
| Do you have any p                                                                                                                            | patents, whether plani                                       | ned, pending or issued                                                                     | , broadly releva                            | nt to the work   | Yes [</th <th><b>√</b> No</th> | <b>√</b> No        |  |

Hurley 2



| Section 5. Relationships not covered above                                                                                                                                                                                           |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Relationships not covered above                                                                                                                                                                                                      |  |  |  |  |  |
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| Yes, the following relationships/conditions/circumstances are present (explain below):                                                                                                                                               |  |  |  |  |  |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest                                                                                                                                      |  |  |  |  |  |
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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. Hurley reports grants from Center for Disease Control and Prevention, during the conduct of the study; .                                                                                                                         |  |  |  |  |  |

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