

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alison

2. Surname (Last Name)
Galvani

3. Date
26-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ebola Vaccination: If not now, when?

6. Manuscript Identifying Number (if you know it)
M14-1904

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Are there any relevant conflicts of interest? Yes No

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH 2 U01 GM087719 and 5 U01 GM105627

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Dr. Galvani reports grants from National Institutes of Health, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Martial

2. Surname (Last Name)
Ndeffo-Mbah

3. Date
26-August-2014

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Childs	3. Date 26-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Alison Galvani
5. Manuscript Title Ebola Vaccination: If not now, when?		
6. Manuscript Identifying Number (if you know it) M14-1904		

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Dr. Childs has nothing to disclose.

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Natasha

2. Surname (Last Name)
Wenzel

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26-August-2014

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Dr. Alison Galvani

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