

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Aaron

2. Surname (Last Name)

Jamison

3. Date

15-September-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

transport of patients with serious communicable diseases

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 6. Disclosure Statement

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Dr. Jamison 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)
Wade

2. Surname (Last Name)
Miles

3. Date
15-September-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Alex Isakov

5. Manuscript Title
"Safe Management of Patients With Serious Communicable Diseases"

6. Manuscript Identifying Number (if you know it)
M14-2084

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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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Miles has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Isakov

3. Date
15-September-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
"Safe Management of Patients With Serious Communicable Diseases"

6. Manuscript Identifying Number (if you know it)
M14-2084

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Section 1. Identifying Information

1. Given Name (First Name) Bruce	2. Surname (Last Name) Ribner	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alex Isakov
5. Manuscript Title Safe Management of Patients With Serious Communicable Diseases		
6. Manuscript Identifying Number (if you know it) M14-2084		

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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
Centers for Disease Control and Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract for Support of Unit

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Dr. Ribner reports other from Centers for Disease Control and Prevention, during the conduct of the study; .

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