

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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)

Sam

2. Surname (Last Name)

Telford

3. Date

26-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Victor Berardi

5. Manuscript Title

Borrelia miyamotoi disease in the northeastern United States: a case series

6. Manuscript Identifying Number (if you know it)

M15-0333

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Imugen, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a senior scientific advisor to Imugen and my wife (Heidi Goethert) works for them part time. We are able to answer questions about the epidemiology of tick borne infections using Imugen's vast data. Neither of us will own stock, have any patent or IP rights, nor do we benefit materially from Imugen's business other than our normal consulting (<\$5000). Publishing (or not publishing) this ms will not change our relationship with Imugen in any way. Their data is very useful to the field of tick borne disease epidemiology.
Immunetics, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a consultant with Immunetics on babesiosis diagnosis. There is little overlap with the research in our ms.
Meridian Bioscience	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a consultant to Meridian on babesiosis diagnostics. There is no overlap with the research for the ms.
Fuller Laboratories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a consultant to Fuller Laboratories on tick borne disease diagnostics, mostly on babesiosis and rickettsiosis. There is no overlap with the research of the ms.

Section 4. Intellectual Property -- Patents & Copyrights

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

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Telford reports personal fees from Imugen, Inc, personal fees from Immunetics, Inc, personal fees from Meridian Bioscience, personal fees from Fuller Laboratories, outside the submitted work .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

- Given Name (First Name) Victor 2. Surname (Last Name) Berardi 3. Date 27-April-2015
- Are you the corresponding author? Yes No
- Manuscript Title
Borrelia miyamotoi Disease (BMD) in the Northeastern United States: a case series
- Manuscript Identifying Number (if you know it)
M15-0333

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.)? Yes No
- Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Membership
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment: President/CEO and Associate Director of Laboratory Science.
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock/Stock Options

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Victor Berardi reports under Section 3, Relevant financial activities, check box "Other?", the following all at IMUGEN, Inc.: a Board Membership, Employment, Stock/Stock Options.



4-27-15

Evaluation and Feedback

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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Chowdr

1



ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hanumara
2. Surname (Last Name) Chowdhri
3. Date 27-April-2015

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

5. Manuscript Title Borrelia myxomatol Disease (BMD) in the Northeastern United States: a case series
6. Manuscript Identifying Number (if you know it) M15-0333

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.)? Yes No
Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No
If yes, please fill out the appropriate information below.

Name of Entity	Grant	Personal	Don/Financial	Other	Comments
		Fees	Support		
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment: Clinical Consultant

Section 4. Intellectual Property -- Patents & Copyrights

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

Chowdhri



ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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Section 5. Relationships not covered above

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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. Chowdh reports being paid Clinical Consultant of IMUGEN, Inc.

[Handwritten Signature]
 H/29/15 - 10.45 AM

Evaluation and Feedback

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Chowdh

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

- Given Name (First Name) **Philipp**
- Surname (Last Name) **Molloy**
- Date **26-April-2015**
- Are you the corresponding author? Yes No
Corresponding Author's Name **Victor Berardi**
- Manuscript Title **Borrelia miyamotoi Disease (BMD) in the Northeastern United States: a case series**
- Manuscript Identifying Number (if you know it) **M15-0333**

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.)? Yes No

Are there any relevant conflicts of interest? Yes No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant ?	Personal Fees ?	Non-Financial Support ?	Other ?	Comments
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment: Medical Director.

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. Molloy reports being the paid Medical Director of Imugen



4/26/2015

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Dr. Gugliotta has nothing to disclose.

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John Keenan 4/28/2015



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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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Lepore



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1. Given Name (First Name)
Timothy

2. Surname (Last Name)
Lepore

3. Date
27-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Victor Berardi

5. Manuscript Title

Borrelia myyamotol Disease (BMD) In the Northeastern United States: a case series

6. Manuscript Identifying Number (if you know it)
M15-0333

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lepore has nothing to disclose.

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Karen Weeks reports under Section 3, Relevant financial activities, check box "Other?", the following all at IMUGEN, Inc.: a Board Membership, Employment, Stock/Stock Options.



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Mary Ellen Hewins 27-April-2015

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

5. Manuscript Title
 Borrelia miyamotoi Disease (BMD) in the Northeastern United States: a case series

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No
 If yes, please fill out the appropriate information below.

Name of Entity	Grant ?	Personal Fees ?	Non-Financial Support ?	Other ?	Comments
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Membership
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment: Vice President and Laboratory Manager.
IMUGEN, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock/Stock Options

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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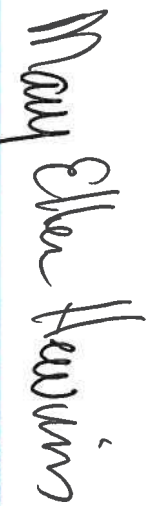
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Mary Ellen Hewins reports under Section 3, Relevant financial activities, check box "Other?", the following all at IMUGEN, Inc.: a Board Membership, Employment, Stock/Stock Options.



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Heidi	2. Surname (Last Name) Goethert	3. Date 26-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Victor Berardi
5. Manuscript Title Borrelia miyamotoi disease in the northeastern United States: a case series		
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Dr. Goethert reports that she is a part time employee of Imugen, Inc..

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