

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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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)

Gary

2. Surname (Last Name)

Weinstin

3. Date

30-March-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)

M15-0530

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau

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. Weinstin reports personal fees from GSK, personal fees from Pfizer, personal fees from Boston Scientific, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Munir	2. Surname (Last Name) Hazbun	3. Date 30-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Allison Liddell
5. Manuscript Title "Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States"		
6. Manuscript Identifying Number (if you know it) M15-0530		

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Section 1. Identifying Information

1. Given Name (First Name)
Cesar

2. Surname (Last Name)
Albariño

3. Date
01-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Timothy M. Uyeki

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
M15-0530

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Dr. Albariño has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
TIMOTHY

2. Surname (Last Name)
UYEKI

3. Date
04-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
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Dr. UYEKI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kenney

2. Surname (Last Name)
Weinmeister

3. Date
02-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Allison Lidell MD

5. Manuscript Title
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Dr. Weinmeister has nothing to disclose.

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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) Deborah	2. Surname (Last Name) Cannon	3. Date 08-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Feldman
5. Manuscript Title Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
6. Manuscript Identifying Number (if you know it) M15-0530		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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. Cannon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

G. Marshall

2. Surname (Last Name)

Lyon

3. Date

14-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Allison Liddell and Timothy Uyeki

5. Manuscript Title

Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus
2 Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lyon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Oghenetega	2. Surname (Last Name) Badidi	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katia	2. Surname (Last Name) Brown	3. Date 17-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allison Liddell
5. Manuscript Title : "Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anthony	2. Surname (Last Name) Fauci	3. Date 19-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allison Lidell and Timothy Uyeki
5. Manuscript Title Characteristics and Clinical management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
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1. Given Name (First Name) H Clifford	2. Surname (Last Name) Lane	3. Date 17-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tim Uyeki
5. Manuscript Title "Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States"		
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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) Bruce	2. Surname (Last Name) Ribner	3. Date 21-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen Kraft
5. Manuscript Title Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
6. Manuscript Identifying Number (if you know it) M15-0530		

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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Dr. Ribner has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shelby

2. Surname (Last Name)
Sutton

3. Date
04-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
M15-0530

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vincent

2. Surname (Last Name)
Marconi

3. Date
26-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Allison Liddell

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
M15-0530

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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Dr. Marconi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Richard

2. Surname (Last Name)

Davey, Jr.

3. Date

26-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Allison Liddell, M.D.

5. Manuscript Title

Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)

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Dr. Davey, Jr. has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Wolcott	3. Date 26-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
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1. Given Name (First Name) Kevin	2. Surname (Last Name) Barrett	3. Date 26-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allison Liddell, M.D.
5. Manuscript Title Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
6. Manuscript Identifying Number (if you know it) M15-0530		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Mr. Barrett has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Feldman

3. Date
26-March-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
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Dr. Feldman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Faust

3. Date
26-March-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Allison Liddell

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
M15-0530

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aneesh

2. Surname (Last Name)
Mehta

3. Date
27-March-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Allison Liddell

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
M15-0530

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mehta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Zachary

2. Surname (Last Name)

Reed

3. Date

27-March-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Allison Liddell

5. Manuscript Title

Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

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M15-0530

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Allison

2. Surname (Last Name)
Liddell

3. Date
27-March-2015

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Dr. Liddell has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jay	2. Surname (Last Name) Varkey	3. Date 27-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Varkey has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gebre K.	2. Surname (Last Name) Tseggay	3. Date 27-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allison Liddell, M.D.
5. Manuscript Title "Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States"		
6. Manuscript Identifying Number (if you know it) M15-0530		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tseggay has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anthony	2. Surname (Last Name) Suffredini	3. Date 28-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allison Liddell, MD
5. Manuscript Title Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States."		
6. Manuscript Identifying Number (if you know it) M15-0530		

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Dr. Suffredini has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Colleen

2. Surname (Last Name)
Kraft

3. Date
29-March-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Allison Liddell

5. Manuscript Title
Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States

6. Manuscript Identifying Number (if you know it)
M15-0530

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ute	2. Surname (Last Name) Ströher	3. Date 30-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Timothy M. Uyeki & Allison Liddell
5. Manuscript Title Characteristics and Clinical Management of a Cluster of Three Patients with Ebola Virus Disease, including the First Domestically-acquired Cases in the United States		
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