

#### **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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# 4. Intellectual Property.

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

# Relationships not covered above.

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**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

Tseng 1



Section 1. Identifying Information	ation						
1. Given Name (First Name) Hung Fu	2. Surname (Last Name) Tseng		3. Date 06-January-2016				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho Sara Tartof	r's Name				
5. Manuscript Title Safety of Seasonal Influenza Vaccination in a Large Cohort of Hospitalized Surgical Patients							
6. Manuscript Identifying Number (if you know it) M15-1667							
Section 2. The Work Under Co	nsideration for Public	cation					
Did you or your institution <b>at any time</b> 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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Name of Entity	Grant? Personal Nor	n-Financial other?	Comments				
Novartis Vaccine	<b>✓</b>		Research grant for study related to the submitted work				
GSK			Research grant for study related to the submitted work				
Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Tseng 2



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Rieg 1



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Given Name (First Name) Gunter	2. Surname (Last Name) Rieg	3. Date 06-January-2016				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sara Y Tartof				
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Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No				

Rieg 2



Section 5.	
Section 3.	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?
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Qian 1



Section 1.	ldentifying Inform	ation				
1. Given Name (Fi	rst Name)	2. Surname Qian	e (Last Name)			3. Date 06-January-2016
4. Are you the cor	responding author?	Yes	<b>√</b> No	Correspond Sara Y. Tai	_	r's Name
5. Manuscript Title Safety of Season	e al Influenza Vaccinatior	n in a Large (	Cohort of Ho	ospitalized Sur	gical Patie	ents
6. Manuscript Ider M15-1667	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideratio	on for Pub	lication		
	ubmitted work (including				•	nt, commercial, private foundation, etc.) for Idy design, manuscript preparation,
	evant conflicts of intere					
	out the appropriate info be removed by pressing			ave more than	one entit	y press the "ADD" button to add a row.
Name of Institut				on-Financial Support	Other?	Comments
Centers for Disease C CDC)	ontrol and Prevention	<b>✓</b>				This study was funded through the Vaccine Safety Datalink under contract 200-2012-53580
Section 3.	Relevant financial	activities o	outside the	e submitted	work.	
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Are there any rel	evant conflicts of intere	st? Ye	es ✓ No			
	ı					
Section 4.	Intellectual Proper	ty Paten	ts & Copyı	rights		
Do you have any	patents, whether plans	ned, pendin	g or issued,	broadly releva	int to the v	work? Yes V

Qian 2



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Dr. Qian reports grants from Centers for Disease Control and Prevention (CDC), during the conduct of the study.

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Tartof 1



Section 1. Identifying Inforn	nation	
1. Given Name (First Name) Sara	2. Surname (Last Name) Tartof	3. Date 06-January-2016
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Safety of Seasonal Influenza Vaccinatio	n in a Large Cohort of Hospitalized Su	ırgical Patients
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Continue 2		
Section 2. The Work Under C	onsideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	g but not limited to grants, data monitorin	y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation,
Excess rows can be removed by pressin	· ·	n one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Financial Fees? Support?	Other? Comments
Centers for Disease Control and Prevention		
Section 3. Relevant financial	activities outside the submitted	l work.
of compensation) with entities as descr	ibed in the instructions. Use one line f port relationships that were <b>present c</b> est? Yes No	nave financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication.
Name of Entity	Grant? Personal Non-Financial Fees? Support?	Other? Comments
Merck		

Tartof 2



Section 4. Intellectual Property Patents & Copyrights
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Dr. Tartof reports grants from Centers for Disease Control and Prevention, during the conduct of the study; grants from Merck, outside the submitted work; .

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Yu 1



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Section 2.	T. W. J. J. C.		·· · · · · · · · · · · · · · · · · · ·	ala li ang di ang			
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Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
/accine Safety Datali	nk (CDC)	<b>✓</b>			Va Co Co	his study was funded through the accine Safety Datalink under ontract 200-2012-53580 from the enters for Disease Control and revention (CDC).	
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Do you have any	patents, whether plani	•			ant to the w	ork? ☐ Yes   ✓ No	

Yu 2



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### 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.

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# 4. Intellectual Property.

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

# Relationships not covered above.

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**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

Sy 1



Section 1. Identifying Info	rmation					
1. Given Name (First Name) Lina	2. Surname (Last Name) Sy	3. Date 07-January-2016				
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Sara Y. Tartof				
5. Manuscript Title Safety of Seasonal Influenza Vaccinat	ion in a Large Cohort of Hos	spitalized Surgical Patients				
6. Manuscript Identifying Number (if you M15-1667	know it)					
Section 2. The Work Under	Consideration for Publi	cation				
Did you or your institution <b>at any time</b> 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  Your						
Section 3. Relevant financia	al 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4. Intellectual Prop	erty Patents & Copyri	ghts				
Do you have any patents, whether pla	anned, pending or issued, b	roadly relevant to the work? Yes V No				

Sy 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 potentially influencing, what you wrote in the submitted work?	e of						
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 On occasion, journals may ask authors to disclose further information about reported relationships.	statements						
Section 6. Disclosure Statement							
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the below.	ne box						
Dr. Sy has nothing to disclose.							

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Sy 3



#### **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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Hechter 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Rulin	2. Surname (Last Name) Hechter		3. Date 06-January-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author'	s Name
5. Manuscript Title Safety of Seasonal Influenza Vaccinatio	n in a Large Cohort of Hos	pitalized Surgical Patier	nts
6. Manuscript Identifying Number (if you kr M15-1667	now it)	_	
Section 2. The Work Under C	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest.		ata monitoring board, stuc	ly design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should read there any relevant conflicts of interesting the please fill out the appropriate info	ibed in the instructions. Upport relationships that we lest? Yes No	se one line for each ent	ity; add as many lines as you need by
Name of Entity	Grant? Personal No	n-Financial Other?	Comments
GlaxoSmithKline (GSK)	<b>✓</b>	a h	received research grant from GSK on n unrelated project to examine epatitis B vaccine uptake among iabetic adults.
Novartis	<b>V</b>		received funding from Novartis for esearch unrelated to the study topic

Hechter 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume 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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Section 6. Disclosure Statement
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Dr. Hechter reports grants from GlaxoSmithKline (GSK), grants from Novartis, outside the submitted work; .

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Hechter 3



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Jacobsen 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Steven	2. Surname (Last Name) Jacobsen	3. Date 13-January-2016		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title Safety of Seasonal Influenza Vaccination	on in a Large Cohort of Hosp	oitalized Surgical Patients		
6. Manuscript Identifying Number (if you k M15-1667	now it)	_		
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Section 3. Polousut Guardia				
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Do you have any patents, whether plan	nned, pending or issued, bro	oadly relevant to the work? Yes V No		

Jacobsen 2



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Jacobsen 3