

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.

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

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Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brianna	2. Surname (Last Name) Bakow	3. Date 14-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen Kelly, MD
5. Manuscript Title Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent C. difficile		
6. Manuscript Identifying Number (if you know it) M16-0271		

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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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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Ms. Bakow 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)

Jason

2. Surname (Last Name)

Machan

3. Date

14-April-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent *C. difficile*

6. Manuscript Identifying Number (if you know it)

M16-0271

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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Dr. Machan 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)
Alexander

2. Surname (Last Name)
Khoruts

3. Date
14-April-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Colleen Kelly

5. Manuscript Title
Fecal Microbiota Transplant Prevents Recurrent in Multiply Recurrent C. difficile

6. Manuscript Identifying Number (if you know it)
M16-0271

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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
CIPAC, Ltd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Compositions and methods for transplantation of colon microbiota - filed 05 September 2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 5. Relationships not covered above

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Dr. Khoruts reports grants from CIPAC, Ltd, outside the submitted work; In addition, Dr. Khoruts has a patent Compositions and methods for transplantation of colon microbiota - filed 05 September 2013 pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael

2. Surname (Last Name) Sadowsky

3. Date 15-April-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Colleen R. Kelly, MD

5. Manuscript Title Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent C. difficile

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

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
CIPAC, LLC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.. Dr. Sadowsky has received research funding and served as consultant to CIPAC, Ltd.; the University of Minnesota Conflicts of Interest Program is managing conflicts of interest for Dr. Sadowsky.

Section 3. Relevant financial activities outside the submitted work.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Compositions and methods for transplantation of colon microbiota WO 2012122478 A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CIPAC, LLC	
Freeze dried fecal microbiota for use in fecal microbial transplantation WO 2014152484 A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CIPAC, LLC	

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Dr. Sadowsky reports grants and personal fees from CIPAC, LLC, during the conduct of the study; grants and personal fees from CIPAC, LLC, outside the submitted work; In addition, Dr. Sadowsky has a patent Compositions and methods for transplantation of colon microbiota
WO 2012122478 A1 with royalties paid to CIPAC, LLC, and a patent Freeze dried fecal microbiota for use in fecal microbial transplantation
WO 2014152484 A1 with royalties paid to CIPAC, LLC.

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Section 1. Identifying Information

1. Given Name (First Name) Joyce	2. Surname (Last Name) McKenney	3. Date 25-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen Kelly, MD
5. Manuscript Title "Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent C. difficile"		
6. Manuscript Identifying Number (if you know it)		

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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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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) Christopher	2. Surname (Last Name) Staley	3. Date 14-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen Kelly
5. Manuscript Title Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent <i>C. difficile</i>		
6. Manuscript Identifying Number (if you know it) M16-0271		

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Staley 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)
Mortadha

2. Surname (Last Name)
Abd

3. Date
14-April-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent *C. difficile*

6. Manuscript Identifying Number (if you know it)
M16-0271

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Dr. Abd 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) Allison	2. Surname (Last Name) Tisch	3. Date 14-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Colleen Kelly MD
5. Manuscript Title Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent <i>C. difficile</i>		
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 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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Allison M. Tisch APRN 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)
Mustafa

2. Surname (Last Name)
Alani

3. Date
18-April-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent *C. difficile*

6. Manuscript Identifying Number (if you know it)
M16-0271

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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. Alani 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)
Lawrence

2. Surname (Last Name)
Brandt

3. Date
06-June-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Colleen Kelly

5. Manuscript Title
"Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent C. difficile"

6. Manuscript Identifying Number (if you know it)
M16-0271

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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 Institute of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This study was supported by a grant from the NIH

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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
Open Biome	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support (material). Irrelevant to this publication
CIPAC/Crestovo, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board; Irrelevant to this publication

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Brandt reports grants from National Institute of Health, during the conduct of the study; non-financial support from Open Biome, personal fees from CIPAC/Crestovo, Inc, outside the submitted work; .

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Colleen

2. Surname (Last Name)
Kelly

3. Date
03-June-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent *C. difficile*

6. Manuscript Identifying Number (if you know it)
M16-0271

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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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
Assembly Biosciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fecal transplant research
Seres Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consulting fees paid to my employer and site investigator for phase IIB clinical trial

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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Section 5. Relationships not covered above

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Kelly reports grants from Assembly Biosciences, other from Seres Health, outside the submitted work; .

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patrizia	2. Surname (Last Name) Curran	3. Date 02-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen Kelly
5. Manuscript Title "Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent C. difficile"		
6. Manuscript Identifying Number (if you know it)		

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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) Steven	2. Surname (Last Name) Reinert	3. Date 21-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colleen R. Kelly
5. Manuscript Title Fecal Microbiota Transplant Prevents Recurrence in Multiply Recurrent <i>C. difficile</i> .		
6. Manuscript Identifying Number (if you know it) M16-0271		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Mr. Reinert has nothing to disclose.

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