

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.

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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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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) Albert	2. Surname (Last Name) Ko	3. Date 02-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rubens Belfort Jr.
5. Manuscript Title Ocular Findings in Infants with Microcephaly Associated with Presumed Congenital Zika Virus Infection		
6. Manuscript Identifying Number (if you know it) OPH16-0163		

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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Dr. Ko has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Luiz	2. Surname (Last Name) Alcantara	3. Date 23-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Albert Icksang Ko
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
6. Manuscript Identifying Number (if you know it) M16-0332		

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Dr. Alcantara 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) Gubio	2. Surname (Last Name) Soares Campos	3. Date 24-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gubio Soares campos
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines"		
6. Manuscript Identifying Number (if you know it) M16-0332		

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nikos	2. Surname (Last Name) Vasilakis	3. Date 19-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Albert I. Ko
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
6. Manuscript Identifying Number (if you know it) M16-0332		

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Dr. Vasilakis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Antonio Raimundo	2. Surname (Last Name) Almeida	3. Date 20-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Federico Costa
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
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Dr. Almeida has nothing to disclose.

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1. Given Name (First Name) Scott	2. Surname (Last Name) Weaver	3. Date 20-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
6. Manuscript Identifying Number (if you know it) M16-0332		

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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Dr. Weaver has nothing to disclose.

Evaluation and Feedback

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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)
Federico

2. Surname (Last Name)
Costa

3. Date
20-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines

6. Manuscript Identifying Number (if you know it)
M16-0332

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ricardo	2. Surname (Last Name) Khouri	3. Date 21-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Albert Ko
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
6. Manuscript Identifying Number (if you know it) M16-0332		

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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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. Khouri has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mitermayer

2. Surname (Last Name)
Reis

3. Date
22-February-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Federico Costa

5. Manuscript Title
"Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines"

6. Manuscript Identifying Number (if you know it)
M16-0332

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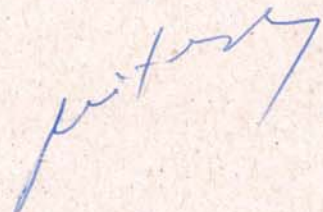
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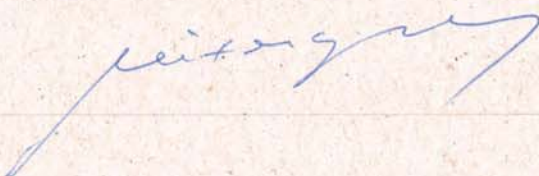
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Dr. Reis has nothing to disclose.



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Section 1. Identifying Information

1. Given Name (First Name) Hugo	2. Surname (Last Name) Ribeiro	3. Date 22-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ko, Albert
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
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1. Given Name (First Name) BRUNO	2. Surname (Last Name) FREITAS	3. Date 21-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name FEDERICO COSTA
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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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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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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

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

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Albert Icksang Ko
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
6. Manuscript Identifying Number (if you know it) M16-0332		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Federico Costa
5. Manuscript Title Emergence of Congenital Zika Syndrome: Viewpoint from the Front Lines		
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