

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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".

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Earn

3. Date  
06-July-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Mark Loeb

5. Manuscript Title

Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial

6. Manuscript Identifying Number (if you know it)

M16-0513

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

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Dr. Earn 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)  
Mark

2. Surname (Last Name)  
Loeb

3. Date  
07-July-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial

6. Manuscript Identifying Number (if you know it)  
M16-0513

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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
Canadian Institute for Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
World Health Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institute of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi pasteur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis Vaccines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Stephen

2. Surname (Last Name)  
Walter

3. Date  
06-July-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Mark Loeb

5. Manuscript Title

Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial

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Dr. Walter 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) Pardeep	2. Surname (Last Name) Singh	3. Date 06-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark B. Loeb
5. Manuscript Title Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial		
6. Manuscript Identifying Number (if you know it) M16-0513		

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Mr. Pardeep Singh has nothing to disclose.

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1. Given Name (First Name) Binod	2. Surname (Last Name) Neupane	3. Date 06-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
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Dr. Neupane has nothing to disclose.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Vanessa

2. Surname (Last Name)  
Manning

3. Date  
06-July-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr. Mark Loeb

5. Manuscript Title  
Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial

6. Manuscript Identifying Number (if you know it)  
M16-0513

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Vanessa Manning 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) Margaret	2. Surname (Last Name) Russell	3. Date 06-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark Loeb
5. Manuscript Title Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial		
6. Manuscript Identifying Number (if you know it) M16-0513		

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

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Dr. Russell 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)  
Lisa

2. Surname (Last Name)  
Schwartz

3. Date  
06-July-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Mark Loeb

5. Manuscript Title  
Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial

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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
CADTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorarium received for membership on Expert Advisory Panel that does Health Technology Assessment on medical devices.

### 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. Schwartz reports other from CADTH, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Khami

2. Surname (Last Name)  
Chokani

3. Date  
06-July-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Mark Loeb

5. Manuscript Title

Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial

6. Manuscript Identifying Number (if you know it)

M16-0513

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Dr. Chokani 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)  
Eleanor

2. Surname (Last Name)  
Pullenayegum

3. Date  
06-July-2016

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Yes  No

Corresponding Author's Name  
Mark B Loeb

5. Manuscript Title

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M16-0513

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Dr. Pullenayegum has nothing to disclose.

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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) kevin	2. Surname (Last Name) fonseca	3. Date 10-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial	_____	
6. Manuscript Identifying Number (if you know it) M16-0513	_____	

### 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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. fonseca has nothing to disclose.

### Evaluation and Feedback

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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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lorne	2. Surname (Last Name) Babiuk	3. Date 14-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Loeb
5. Manuscript Title Live attenuated versus Inactivated Influenza vaccine in Hutterite Children: A cluster randomized blinded trial.		
6. Manuscript Identifying Number (if you know it) M16-0513		

### 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

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Babiuk 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) Gregory	2. Surname (Last Name) Horsman	3. Date 11-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark Loeb
5. Manuscript Title Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial		
6. Manuscript Identifying Number (if you know it) M16-0513		

### 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

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Dr. Horsman 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)  
Mark

2. Surname (Last Name)  
Vooght

3. Date  
19-July-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Live Attenuated versus Inactivated Influenza Vaccine in Hutterite Children: A Cluster Randomized Blinded Trial.

6. Manuscript Identifying Number (if you know it)  
M16-0513

### 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. Vooght has nothing to disclose.

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