

Instructions

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Section 1.	Identifying Inform	mation		
1. Given Name (Fir Emily	rst Name)	2. Surname (Last Name) Hyle	3. Date 12-April-2017	
4. Are you the corr	responding author?	✓ Yes No		

5. Manuscript Title

Missed opportunities for measles, mumps, rubella vaccination among departing US adult travelers receiving pretravel health consultations

6. Manuscript Identifying Number (if you know it)

M16-2249

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? \checkmark Yes \square 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 <mark>?</mark>	Other?	Comments	
NIH	\checkmark					
CDC	\checkmark					

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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. Hyle reports grants from NIH and CDC, during the conduct of the study.

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Section 1.	Identifying Infor	mation	
1. Given Name (F Allison	irst Name)	2. Surname (Last Name) Taylor Walker	3. Date 12-April-2017
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name Emily P. Hyle, MD
5. Manuscript Titl Missed opportu		ation among departing U.S	5. adult travelers receiving pretravel health consultations
6. Manuscript Ide MS#M16-2249	ntifying Number (if you	know it)	
Section 2.	The Work Under	Consideration for Publ	ication
	submitted work (includir		m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,

Are there any relevant conflicts of interest? Yes

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🖌 No

Are there any relevant conflicts of interest?		Yes	\checkmark	No
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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. Taylor Walker has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Rochelle	rst Name)	2. Surname (Last Name) Walensky	3. Date 13-April-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Emily Hyle
5. Manuscript Title Missed opportui		ation among departing U.S	. adult travelers receiving pretravel health consultations
6. Manuscript Ide M16-2249	ntifying Number (if you	know it)	

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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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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Institutes of Health	\checkmark					

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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. Walensky reports grants from National Institutes of Health, during the conduct of the study; .

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Section 1.	Identifying Infor	mation	
1. Given Name (F Stefan	irst Name)	2. Surname (Last Name) Hagmann	3. Date 19-April-2017
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name
5. Manuscript Tit Missed opportu		ation among departing U.	5. adult travelers receiving pretravel health consultations
6. Manuscript Ide M16-2249	entifying Number (if you	know it)	
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Section 1.	Identifying Infor	mation	
1. Given Name (F Regina	irst Name)	2. Surname (Last Name) LaRocque	3. Date 10-April-2017
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name Emily Hyle
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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	\checkmark	No



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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nam Emily HYLE	ne
5. Manuscript Title Missed opportunities for MMR vaccina	tion among departing U.S	adult travelers receiving pre	travel health consultations
6. Manuscript Identifying Number (if you k	now it)		
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Did you or your institution at any time rec any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	eive payment or services fror g but not limited to grants, c	n a third party (government, com	-

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Are there any relevant conflicts of interest?	Y	es 🗸	/	No
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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. Ryan has nothing to disclose.

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1. Given Name (First Name) Emily		. Surname (Last Name entes	3. Date 10-April-2017
4. Are you the correspondin	g author?	Yes 🖌 No	Corresponding Author's Name
 Manuscript Title Missed opportunities for Manuscript Identifying Nu 			I.S. adult travelers receiving pretravel health consultations

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✓ No

Are there any relevant conflicts of interest? Yes

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1. Given Name (F Amy	irst Name)	2. Surname (Last Name Fiebelkorn	e) 3. Date 10-April-2017
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name Emily Hyle
5. Manuscript Titl Missed opportu		tion among departing L	J.S. adult travelers receiving pretravel health consultations
6. Manuscript Ide M16-2249	ntifying Number (if you k	mow it)	
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🖌 No

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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