

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".

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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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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) Gene	2. Surname (Last Name) Ma	3. Date 15-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James D. Lewis
5. Manuscript Title Rising Incidence of Multiply-Recurrent Clostridium difficile Infection in the United States		
6. Manuscript Identifying Number (if you know it) M16-2733		

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

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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. Ma has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Lewis

3. Date
15-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Rising Incidence of Multiply-Recurrent Clostridium difficile Infection in the United States

6. Manuscript Identifying Number (if you know it)
M16-2733

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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
"Compositions and methods comprising a defined microbiome and methods of use thereof"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seres Therapeutics	

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?

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Dr. Lewis reports grants from National Institutes of Health, during the conduct of the study; In addition, Dr. Lewis has a patent "Compositions and methods comprising a defined microbiome and methods of use thereof" licensed to Seres Therapeutics.

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Section 1. Identifying Information

1. Given Name (First Name) Qufei	2. Surname (Last Name) Wu	3. Date 05-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gene K. Ma
5. Manuscript Title Rising Incidence of Multiply-Recurrent Clostridium difficile Infection in the United States		
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1. Given Name (First Name)

Colleen

2. Surname (Last Name)

Brensinger

3. Date

16-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

James D. Lewis

5. Manuscript Title

Rising Incidence of Multiply-Recurrent Clostridium difficile Infection in the United States

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Dr. Brensinger has nothing to disclose.

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