

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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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.

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) Brian 2. Surname (Last Name) Custer 3. Date 29-October-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
W. Alton Russell

5. Manuscript Title
Cost-Effectiveness of Screening the Blood Supply for Zika Virus in the 50 U.S. States and Puerto Rico

6. Manuscript Identifying Number (if you know it)
M18-2238

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Grifols Diagnostic Solutions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TerumoBCT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau and previous research support
Macopharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past research support
Cerus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To other researchers at Vitalant Research Institute

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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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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. Custer reports grants from Grifols Diagnostic Solutions, grants and personal fees from TerumoBCT, grants from Macopharma, grants from Cerus, outside the submitted work; .

Evaluation and Feedback

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4. Are you the corresponding author? Yes No

5. Manuscript Title
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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
Terumo BCT	<input type="checkbox"/>	<input checked="" 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

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1. Given Name (First Name) Michael 2. Surname (Last Name) Busch 3. Date 01-November-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Alton Russell

5. Manuscript Title
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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
Grifols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding for confirmation testing for INDs
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding for confirmation testing for INDs
NHLBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ZIKV

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Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Stramer

3. Date
28-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
W. Alton Russell

5. Manuscript Title
COST-EFFECTIVENESS OF SCREENING THE BLOOD SUPPLY FOR ZIKA VIRUS IN THE 50 U.S. STATES AND PUERTO RICO
EFFECTIVENESS OF SCREENING THE BLOOD SUPPLY FOR ZIKA VIRUS IN THE 50 U.S. STATES AND PUERTO RICO

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Dr. Stramer has nothing to disclose.

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