

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Josh	2. Surname (Last Name) Schier	3. Date 24-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Chang MD
5. Manuscript Title Recent Nerve Agent Incidents and Public Health Preparedness		
6. Manuscript Identifying Number (if you know it) M18-2428		

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. Schier has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Luke	2. Surname (Last Name) Yip	3. Date 24-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Chang, MD, MS
5. Manuscript Title Recent Nerve Agent Incidents and Public Health Preparedness		
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Dr. Yip has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jerry

2. Surname (Last Name)

Thomas

3. Date

01-November-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

"Nerve Agent Incidents and Public Health Preparedness"

6. Manuscript Identifying Number (if you know it)

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Dr. Thomas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Arthur

2. Surname (Last Name)
Chang

3. Date
12-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Recent Nerve Agent Incidents and Public Health Preparedness

6. Manuscript Identifying Number (if you know it)

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Dr. Chang has nothing to disclose.

DISCLAIMER: The findings and conclusions in this report are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.

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Section 1. Identifying Information

1. Given Name (First Name) Rudolph	2. Surname (Last Name) Johnson	3. Date 11-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Recent Nerve Agent Incidents and Public Health Preparedness		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name) Susan	2. Surname (Last Name) Gorman	3. Date 16-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Chang
5. Manuscript Title Recent Nerve Agent Incidents and Public Health Preparedness		
6. Manuscript Identifying 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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Dr. Gorman has nothing to disclose.

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