

#### **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.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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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

Schier 1



Section 1.	dentifying Informa	ation		
1. Given Name (First N	Name)	2. Surname (Last Name) Schier		3. Date 24-September-2018
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nan Arthur Chang MD	ne
5. Manuscript Title Recent Nerve Agen	t Incidents and Public	c Health Preparedness		
6. Manuscript Identify M18-2428	ying Number (if you kno	ow it)		
Section 2. TI	he Work Under Co	nsideration for Publ	ication	
any aspect of the subr statistical analysis, etc	mitted work (including l	but not limited to grants, c	n a third party (government, con lata monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3. Re	elevant financial a	activities outside the	submitted work.	
of compensation) w clicking the "Add +"	rith entities as describ	oed in the instructions. U ort relationships that we		ationships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	itellectual Propert	ty Patents & Copyr	ights	
Do you have any pa	tents, whether plann	ned, pending or issued, b	proadly relevant to the work?	☐ Yes 🗸 No

Schier 2



Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Schier has nothing to disclose.

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Schier 3



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1

Yip



Section 1. Identifying Ir	nformation		
1. Given Name (First Name) Luke	2. Surname (Last Name) Yip	3. Date 24-September-2018	
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Arthur Chang, MD, MS	
5. Manuscript Title Recent Nerve Agent Incidents and	d Public Health Preparedness		
6. Manuscript Identifying Number (if M18-2428	you know it)		
Section 2. The Work Und	der Consideration for Publi	cation	
	cluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3. Relevant fina	ncial activities outside the s	submitted work.	
of compensation) with entities as	described in the instructions. Usual report relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
Section 4. Intellectual P	roperty Patents & Copyri	ghts	
Do you have any patents, whethe	r planned, pending or issued, br	roadly relevant to the work? Yes V No	

Yip 2



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Relationships not covered above	
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Thomas 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Jerry		2. Surname (Last Name) Thomas	3. Date 01-November-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title "Nerve Agent Inc	e cidents and Public Heal	th Preparedness"	
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	ration
any aspect of the s statistical analysis,	stitution <b>at any time</b> rece ubmitted work (including	ive payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Thomas 2



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Chang 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi	rst Name)	2. Surname (L Chang	.ast Name)		3. Date 12-October-20	018
4. Are you the cor	responding author?	✓ Yes	No			
5. Manuscript Title Recent Nerve Ag	e Jent Incidents and Publ	ic Health Prepa	aredness			
6. Manuscript Ider	ntifying Number (if you kr	ow it)				
Section 2.	The Work Under Co	onsideration	for Publication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited	services from a third party to grants, data monitorin			
Section 3.	Relevant financial	activities ou	tside the submitted	work.		
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Section 4.	Intellectual Proper	ty Pate <u>nts</u>	& Copyrights			
Do you have any		<u> </u>	or issued, broadly releva	ant to the work?	Yes ✓	<u>√</u> No

Chang 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Section 6.	Disclosure Statement
_	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Chang has no	othing to disclose.
	ne findings and conclusions in this report are those of the author(s) and do not necessarily riews of the Centers for Disease Control and Prevention.

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Chang 3



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1

administrative support, etc.



Section 1.	dentifying Informa	ation			
1. Given Name (First Rudolph	Name)	2. Surname Johnson	(Last Name)		3. Date 11-October-2018
4. Are you the corresponding author?		<b>√</b> No	Corresponding Author's N	Name	
5. Manuscript Title Recent Nerve Ager	nt Incidents and Public	: Health Pre	paredness		
6. Manuscript Identif	fying Number (if you kno	ow it)			
Section 2.	he Work Under Co	nsideratio	n for Public	ation	
Did you or your instit any aspect of the sub statistical analysis, etc	ution <b>at any time</b> receiv mitted work (including l	re payment o out not limite	r services from a	a third party (government, o	commercial, private foundation, etc.) for design, manuscript preparation,
Section 3.	elevant financial a	ctivities o	utside the s	ubmitted work.	
of compensation) v clicking the "Add +	vith entities as describ	oed in the in ort relations	structions. Use	e one line for each entity	relationships (regardless of amount r; add as many lines as you need by r months prior to publication.
Section 4.	ntellectual Propert	y Patent	ts & Copyrig	hts	
Do you have any pa	atents, whether plann	ed, pending	g or issued, bro	oadly relevant to the wor	rk? ☐ Yes   ✓ No

Johnson 2



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Relationships not covered above	
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