

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) Barun	2. Surname (Last Name) De	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title "Microsporidiosis Acquired through Solid Organ Transplantation"		
6. Manuscript Identifying Number (if you know it) M13-2226		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. De has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marcos	2. Surname (Last Name) de Almeida	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan N. Hocevar
5. Manuscript Title Microsporidiosis acquired through solid organ transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226 (???)		

Section 2. The Work Under Consideration for Publication

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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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. de Almeida has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Paddock	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan hoccevar
5. Manuscript Title Microsporidiosis acquired through solid organ transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

Section 2. The Work Under Consideration for Publication

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Dr. Paddock has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Isabel

2. Surname (Last Name)

Castillo

3. Date

04-December-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"Microsporidiosis Acquired through Solid Organ Transplantation"

6. Manuscript Identifying Number (if you know it)

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Mrs. Castillo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sergio

2. Surname (Last Name)
Luna

3. Date
04-December-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)
M13-2226

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Sergio Luna RN has nothing to disclose.

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Theresa

2. Surname (Last Name)
Benedict

3. Date
04-December-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Susan Hocevar, MD

5. Manuscript Title
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)
M13-2226

Section 2. The Work Under Consideration for Publication

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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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Mrs. Benedict has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alex	2. Surname (Last Name) Hoffmaster	3. Date 05-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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Section 1. Identifying Information

1. Given Name (First Name) Tammie 2. Surname (Last Name) Peterson 3. Date 12-15-13
4. Are you the corresponding author? Yes No
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation
6. Manuscript Identifying Number (if you know it) MJ-2226

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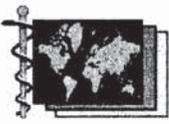
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SURESH

2. Surname (Last Name)

ANTONY

3. Date

12/9/13

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Yes

No

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Rama

2. Surname (Last Name)

Sriram

3. Date

17-December-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Dianna	2. Surname (Last Name) Blau	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Hocevar

3. Date
04-December-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)
M13-2226

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Sidwa

3. Date

04-December-2013

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Susan Hocevar, MD

5. Manuscript Title

Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)

M13-2226

Section 2. The Work Under Consideration for Publication

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Dr. Sidwa has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mam	2. Surname (Last Name) Ibraheem	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar, MD
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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Dr. Ibraheem has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joe

2. Surname (Last Name)
Vidales

3. Date
05-December-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Govinda

2. Surname (Last Name)

Visvesvara

3. Date

15-December-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Susan Hocevar

5. Manuscript Title

Microsporidiosis Acquired Through Solid Organ Transplantation

Microsporidiosis Acquired Through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)

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Dr. Visvesvara has nothing to disclose.

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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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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) Rebekah	2. Surname (Last Name) Tiller	3. Date 12-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Tiller has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marta	2. Surname (Last Name) Guerra	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title "Microsporidiosis Acquired through Solid Organ Transplantation"		
6. Manuscript Identifying Number (if you know it) M13-2226		

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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Dr. Guerra has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Kuehnert	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it) M13-2226		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Neil

2. Surname (Last Name)
Pascoe

3. Date
04-December-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Susan Hocevar

5. Manuscript Title
Microsporidiosis Acquired through Solid Organ Transplantation

6. Manuscript Identifying Number (if you know it)
M13-2226

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Pascoe has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Randall	2. Surname (Last Name) Rosenblatt	3. Date 09-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name susan hocevar
5. Manuscript Title "Microsporidiosis Acquired through Solid Organ Transplantation"		
6. Manuscript Identifying Number (if you know it) M13-2226		

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Dr. Rosenblatt has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Bower	3. Date 16-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it)		

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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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1. Given Name (First Name)
Glen

2. Surname (Last Name)
Friedman

3. Date
18-December-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hocevar, Susan M.D.

5. Manuscript Title
Microsporidiosis Acquired Through solid Organ Transplantation.

6. Manuscript Identifying Number (if you know it)
M13-2226

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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) Cedric	2. Surname (Last Name) Spak	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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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Dr. Spak has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Cynthia	2. Surname (Last Name) Goldsmith	3. Date 04-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis Acquired through Solid Organ Transplantation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

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)
Hector

2. Surname (Last Name)
Diaz Luna

3. Date
19-December-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hocevar, Susan M.D.

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis acquired through solid organ transplantation		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexandre	2. Surname (Last Name) da Silva	3. Date 20-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Hocevar
5. Manuscript Title Microsporidiosis acquired through solid organ transplantation		
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