

Disclosure of Conflicts of Interest Form for Authors of International Forum of Allergy & Rhinology – International Consensus Statement on Allergy and Rhinology: Allergic Rhinitis supplement

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- Consulting fees or honoraria
- Equity interests including stocks, stock options, or ownership interests (excluding diversified mutual funds)
- Intellectual property rights including patents, copyrights, royalties from such rights
- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Amber Luong, MD, PhD

Date: June 12, 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	ENTvantage Diagnostics	Scientific advisory board member
	Aerin Medical	Consultant
	480 Biomedical	Consultant
	Medtronic	Consultant
	Intersect ENT	Research (funds submitted to department)

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Signature: Amber U Luong

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DN: postalCode=77030, ou=UTHEALTH NON-ESCROW, o=The University of Texas Health Science Center at Houston, street=7000 Fannin, st=Texas, cn=Houston, c=US, cn=Amber U Luong, email=amber.u.luong@uth.tmc.edu
Date: 2017.06.12 23:38:52 -0500

Please sign and return to Amaya Fields: amaya.fields@emory.edu (or fax 1 404 778 0082

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	Allakos	Research (funds submitted to department)

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DN: postalCode=77030, ou=UTHEALTH NON-ESCROW, o=The University of Texas Health
Science Center at Houston, street=7000 Fannin, st=Texas, l=Houston, cn=US, cn=Amber
U Luong, email=amber.u.luong@uth.tmc.edu
Date: 2017.06.12 23:38:02 -05'00'

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- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Bradley E. Marple MD

Date: 8/8/2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

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- I have nothing to disclose.
- I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Edward McCaul

Date: 5/24/17

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	Acclarent	Consultant

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Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Kevin C. McManis

Date: 30 May 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

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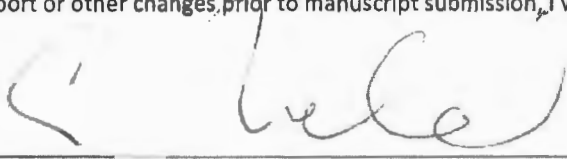
Name: ERIK MUELEN

Date: June 9, 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

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I have financial, professional or personal interests or commitments to disclose, as described below.

Name: James W. Minz

Date: June 16, 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

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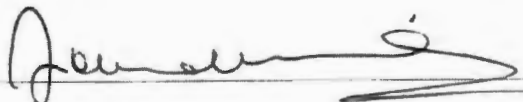
Name: GIANNA MOSCATO

Date: 05/25/2017

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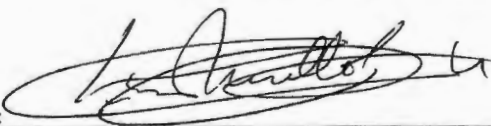
Name: JOAQUIM MULLOC

Date: 29/May/2017

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	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	ALK-ABELLO	Consulting, Speaker's Bureau
	SANOFI	Advisory Panel, Consulting
	MYLAN-MEDA	Consulting, Research Funding
	UCB	Speaker's Bureau
	URIAK	Consulting, Research Funding

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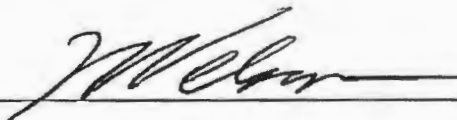
Name: Harold Nelson MD

Date: 24 May 2017

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- I have nothing to disclose.
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Name: Monica O. Patzschke

Date: 5-23-17

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Signature: Monica O. Patzschke

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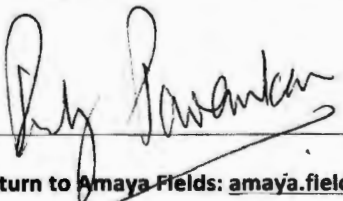
Name: RUBY PAWANIKAR

Date: 24 MAY 2017

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- I have nothing to disclose.
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Prof. Dr. med.Oliver Pfaar

Name: _____

Date: 24 July 2017 _____

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ALK Abelló	Consultancy/Honoraria, Advisory Board, Research funds/grants
Allergopharma	Consultancy/Honoraria, Speaker's bureau, Research funds/grants
Allergy Therapeutics/Bencard GmbH	Advisory Board, Speaker's bureau, Research funds/grants
Anergis S.A.	Consultancy/Honoraria, Research funds/grants
Biotech Tools S.A.	Research funds/grants
Circassia	Research funds/grants
HAL Allergy B.V./HAL-Allergie GmbH	Consultancy/Honoraria, Advisory Board, Speaker's bureau, Research funds/grants
Laboratorios LETI/LETI Pharma	Consultancy/Honoraria, Speaker's bureau, Research funds/grants
Lofarma	Consultancy/Honoraria, Speaker's bureau
Mobile Chamber Experts (MCX, a GA ² LEN Partner)	Advisory Board
Stallergenes-Greer	Consultancy/Honoraria, Advisory Board

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Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Michael Platt

Date: 8/30/17

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	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	Plural Publishing	Book editor royalties

Acknowledgement: By completing and signing this form below, I agree to and abide by the IFAR Conflict of Interest and Confidentiality Policy. I verify that the information reported above is true and accurate. If I have additional conflicts to report or other changes prior to manuscript submission, I will update this form and resubmit.

Signature: 

Please sign and return to Amaya Fields: amaya.fields@emory.edu or fax 1 404 778 0082

Fields, Amaya

From: CARMEN RONDON <carmenrs61@gmail.com>
Sent: Friday, June 16, 2017 2:12 PM
To: Fields, Amaya
Subject: Re: REMINDER- ICAR Author Listing and Conflict of Interest Form Required!

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Amaya

I send you my COI

Disclosure of Conflicts of Interest Form for Authors of International Forum of Allergy & Rhinology - International Consensus Statement on Allergy and Rhinology: Allergic Rhinitis supplement

This form is adapted from the Conflicts of Interest and Confidentiality policy followed by the International Forum of Allergy & Rhinology (IFAR) LLC which abides to ensure fair and unbiased work in support of its publication, International Forum of Allergy & Rhinology, and is available upon request. Thank you for taking the time to fill out the form below.

Examples of Financial Conflicts: Anything of monetary value (within the past 12 months) including, but not limited to:

- Salary or other payments for services (employment, Speaker's Bureau, Advisory Panel, Expert Witness, etc.)
- Consulting fees or honoraria
- Equity interests including stocks, stock options, or ownership interests (excluding diversified mutual funds)
- Intellectual property rights including patents, copyrights, royalties from such rights
- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

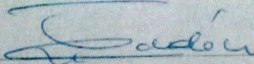
I have nothing to disclose.
 I have financial, professional or personal interests or commitments to disclose, as described below.

Name: CARMEN RONDON
Date: 15 JUN 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheet(s) as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial		

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Signature: 

Please sign and return to Amaya Fields: amaya.fields@emory.edu or fax 1 404 778 0082

Best regards

Carmen Rondon
Allergy Unit,

**Disclosure of Conflicts of Interest Form for Authors of International Forum of Allergy & Rhinology –
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- Equity interests including stocks, stock options, or ownership interests (excluding diversified mutual funds)
- Intellectual property rights including patents, copyrights, royalties from such rights
- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Luke Rudmik

Date: May . 30th 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	BioInspire Inc	Scientific Advisory board member
	480 Biomedical Inc	Consultant

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Signature: Luke Rudmik

Please sign and return to Amaya Fields: amaya.fields@emory.edu or fax 1 404 778 0082

Matthew Ryan, MD
August 5, 2017

**Disclosure of Conflicts of Interest Form for Authors of International Forum of Allergy & Rhinology –
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- Intellectual property rights including patents, copyrights, royalties from such rights
- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: _____

Date: _____

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Financial		

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Signature:  _____

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- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

- I have nothing to disclose.
- I have financial, professional or personal interests or commitments to disclose, as described below.

Name: JOAQUIN SASTRE

Date: MAY, 23, 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	THERMOFISHER SCIENTIFIC	CONSULTANT
	SANOFI	CONSULTANT
	ALK	CONSULTANT
	LETI	CONSULTANT
	STALLERGENES	CONSULTANT

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SASTRE DOMINGUEZ Firmado digitalmente por SASTRE
 JOAQUIN - 02191871V DOMINGUEZ JOAQUIN - 02191871V
 Fecha: 2017.05.24 21:50:20 +02'00'

Signature: _____

Please sign and return to Amaya Fields: amaya.fields@emory.edu or fax 1 404 778 0082

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- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

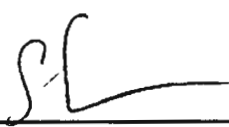
Name: RODNEY J SCHLOSSER

Date: 5/30/17

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	Olympus, Arminex	Consulting
	Intellos, Intersect	Grant support

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Signature: 

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- Intellectual property rights including patents, copyrights, royalties from such rights
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Check appropriate box and complete as applicable as an author:

- I have nothing to disclose.
 I have financial, professional or personal interests or commitments to disclose, as described below.

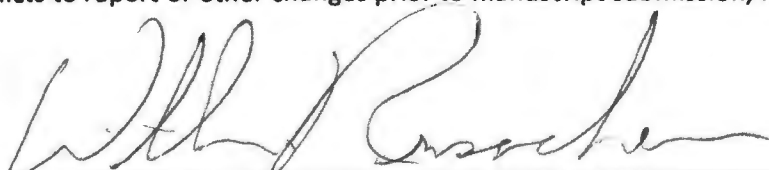
Name: WILLIAM REISACHER, M.D.

Date: 5/23/17

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	ALLOVATE	ADVISORY BOARD, STOCK
	DIRECT ALLERGY	ADVISORY BOARD
	CORNELL UNIVERSITY	PATENT: U.S. 8,993,347 B2

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Signature: 

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- Intellectual property rights including patents, copyrights, royalties from such rights
- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Russell SETTIPANE MD

Date: 6-19-2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	<i>See ATTACHED (3 pages)</i>	

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Signature: *Russell Settipane* 6/20/17

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COMPANY/COMMERCIAL INTEREST	ROLE PLAYED	WHAT WAS RECEIVED	RELEVANCE
AstraZeneca Click above to choose a company <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	Click on each box that applies <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	Click on each box that applies <input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	NO
Boehringer Ingelheim <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	NO
Genentech/Novartis <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input checked="" type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input checked="" type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	NO
Stallergenes/Green <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input checked="" type="checkbox"/> Independent Contractor <input type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input checked="" type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	Y
Merck <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input checked="" type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input checked="" type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	Y

NOTE: If you have more financial relationships to disclose, please attach a separate sheet of paper.

REVIEWED BY RUSSEL A. SETTIPANE M.D.
 INITIALS RS DATE 6/20/17

COMPANY/COMMERCIAL INTEREST	ROLE PLAYED	WHAT WAS RECEIVED	
Mylan Click above to choose a company <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	Click on each box that applies <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	Click on each box that applies <input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	<u>Relevance</u> NO
Teva <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input checked="" type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input checked="" type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	NO
ALK <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	yes
Circassia <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	yes
Sanofi/Regeneron <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	yes

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REVIEWED BY RUSSEL A. SETTIPANE M.D.
 INITIALS RS DATE 6/20/17

COMPANY/COMMERCIAL INTEREST	ROLE PLAYED	WHAT WAS RECEIVED	
CSL Behring Click above to choose a company <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	Click on each box that applies <input type="checkbox"/> Employee <input type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	Click on each box that applies <input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	<i>Relevance</i> <i>NO</i>
Shire <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	<i>NO</i>
Choose a company <input checked="" type="checkbox"/> Other Company not listed in drop down menu above (please specify): Pharming	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input checked="" type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	<i>NO</i>
Choose a company <input type="checkbox"/> Other Company not listed in drop down menu above (please specify):	<input type="checkbox"/> Employee <input type="checkbox"/> Speaker <input type="checkbox"/> Consultant <input type="checkbox"/> Author <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Advisory Board Member <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Salary <input type="checkbox"/> Royalty <input type="checkbox"/> Consulting fee <input type="checkbox"/> Intellectual property rights <input type="checkbox"/> Honorarium <input type="checkbox"/> Contracted Research <input type="checkbox"/> Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) <input type="checkbox"/> Other financial benefit (please specify):	
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REVIEWED BY RUSSEL A. SETTIPANE M.D.
 INITIALS *RAA* DATE *6/2/12*

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- Intellectual property rights including patents, copyrights, royalties from such rights
- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

- I have nothing to disclose.
- I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Hemant Sharma

Date: 05/24/17

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

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Signature: 

Please sign and return to Amaya Fields: amaya.fields@emory.edu or fax 1 404 778 0082

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- Research funding
- Or other financial benefit

Check appropriate box and complete as applicable as an author:

I have nothing to disclose.

I have financial, professional or personal interests or commitments to disclose, as described below.

Name: Aziz Sheikh

Date: 24/5/2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

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Signature: Aziz Sheikh

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Name: Timothy L. Smith

Date: 5/23/17

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Name: Associate Professor Dr. Pongsakorn Tantilipikorn, MD PhD

Date: May26, 2017

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Signature: Pongsakorn Tantilipikorn

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Name: Jody Tversky, MD

Date: June 12, 2017

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Name: Maria C. Velting

Date: 5/23/17

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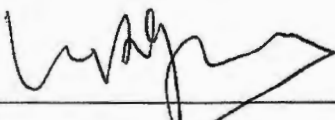
Name: DE YUN WANG

Date: May 26, 2017

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Name: Marit Westman

Date: 2017-05-24

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Name: Magnus Wikman

Date: 29 June 2017

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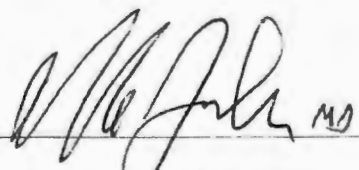
Name: MARK A. ZACHAREK, MD

Date: 6/12/2017

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