

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.

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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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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)

Adam

2. Surname (Last Name)

Readhead

3. Date

09-October-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Priya Shete

5. Manuscript Title

Comparative modelling of tuberculosis epidemiology and policy outcomes in California

6. Manuscript Identifying Number (if you know it)

201907-1289OC.R1

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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☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes

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Dr. Readhead has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Hill	3. Date 07-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Priya Shete
5. Manuscript Title Comparative modelling of tuberculosis epidemiology and policy outcomes in California		
6. Manuscript Identifying Number (if you know it) 201907-1289OC.R1		

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Dr. Hill has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Pennan

2. Surname (Last Name)
Barry

3. Date
09-October-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Comparative modelling of tuberculosis epidemiology and policy outcomes in California

6. Manuscript Identifying Number (if you know it)
201907-1289OC.R1

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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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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Barry has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Dowdy	3. Date 07-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Priya Shete
5. Manuscript Title Comparative modelling of tuberculosis epidemiology and policy outcomes in California		
6. Manuscript Identifying Number (if you know it) 201907-1289OC.R1		

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Dr. Dowdy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) James G.	2. Surname (Last Name) Kahn	3. Date 07-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Comparative modelling of tuberculosis epidemiology and policy outcomes in California		
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Dr. Kahn has nothing to disclose.

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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)
Priya

2. Surname (Last Name)
Shete

3. Date
07-October-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Comparative modelling of tuberculosis epidemiology and policy outcomes in California

6. Manuscript Identifying Number (if you know it)
201907-1289OC.R1

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. 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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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. Shete 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)

Garrett

2. Surname (Last Name)

Beeler Asay

3. Date

08-October-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Priya B. Shete

5. Manuscript Title

Comparative modelling of tuberculosis epidemiology and policy outcomes in California

6. Manuscript Identifying Number (if you know it)

201907-1289OC.R1

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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 5.

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Section 6.

Disclosure Statement

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Dr. Beeler Asay 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) Ted	2. Surname (Last Name) Cohen	3. Date 07-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Comparative modelling of tuberculosis epidemiology and policy outcomes in California		
6. Manuscript Identifying Number (if you know it) 201907-1289OC.R1		

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

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
CDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant to my institution

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

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Dr. Cohen reports a grant from CDC during the conduct of the study.

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)

Jennifer

2. Surname (Last Name)

Flood

3. Date

08-October-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dr. Priya Shete

5. Manuscript Title

Comparative modelling of tuberculosis epidemiology and policy outcomes in California

6. Manuscript Identifying Number (if you know it)

201907-1289OC.R1

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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Suzanne

2. Surname (Last Name)
Marks

3. Date
18-October-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title
Comparative modelling of tuberculosis epidemiology and policy outcomes in California

6. Manuscript Identifying Number (if you know it)
201907-1289OC.R1

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Dr. Marks 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) Nicolas	2. Surname (Last Name) Menzies	3. Date 07-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Priya Shete
5. Manuscript Title Comparative modelling of tuberculosis epidemiology and policy outcomes in California		
6. Manuscript Identifying Number (if you know it) 201907-1289OC.R1		

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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
US Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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. Menzies reports grants from US Centers for Disease Control and Prevention, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Sourya	2. Surname (Last Name) Shrestha	3. Date 07-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Comparative modelling of tuberculosis epidemiology and policy outcomes in California		
6. Manuscript Identifying Number (if you know it) 201907-1289OC.R1		

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Dr. Shrestha has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Salomon

3. Date

07-October-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Comparative modelling of tuberculosis epidemiology and policy outcomes in California

6. Manuscript Identifying Number (if you know it)

201907-1289OC.R1

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

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
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Andrea

2. Surname (Last Name)

Parriott

3. Date

1/23/2020

4. Are you the corresponding author?

☐ Yes

☒ No

5. Manuscript Title

Comparative Modeling of Tuberculosis Epidemiology & Policy Outcomes
in California

6. Manuscript Identifying Number (if you know it)

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Priya Shete
5. Manuscript Title Comparative Modeling of Tuberculosis Epidemiology and Policy Outcomes in California		
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