ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)   Linda
2. Surname (Last Name)       Chui
3. Date                      13-April-2018

4. Are you the corresponding author? [ ] Yes   [✓] No

   Corresponding Author's Name
   Stephen Freedman

5. Manuscript Title
   Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)
   18-02597

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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. Chui 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)  
Ken

2. Surname (Last Name)  
Farion

3. Date  
12-April-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Stephen Freedman

5. Manuscript Title  
Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)  
18-02597

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Are there any relevant conflicts of interest?  
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Farion
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Dr. Farion has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yaron

2. Surname (Last Name)  
   Finkelstein

3. Date  
   12-April-2018

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Stephen Freedman

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Dr. Finkelstein has nothing to disclose.

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1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Freedman

3. Date  
   12-April-2018

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title  
   Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

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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.

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<thead>
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<td>Lallemand Health Solutions</td>
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<td>Provided the study drug and placebo in-kind and performed quantitative</td>
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<td>Alberta Children’s Hospital Foundation</td>
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<td>Professorship in Child Health and Wellness as well as support for The</td>
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<td>Copan Italia</td>
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<td>In-kind provision of swabs.</td>
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Dr. Freedman reports non-financial support from Lallemand Health Solutions, Calgary Laboratory Services, ProvLab Alberta, Luminex Corporation, and Copan Italia and grants from Canadian Institutes of Health Research and Alberta Children’s Hospital Foundation during the conduct of the study.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Marc

2. Surname (Last Name)  
   Gorelick

3. Date  
   12-April-2018

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

   Corresponding Author's Name  
   Stephen Freedman

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Dr. Gorelick 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)  
Serge

2. Surname (Last Name)  
Gouin

3. Date  
12-April-2018

4. Are you the corresponding author?  
[ ] Yes  [✓] No  
Corresponding Author’s Name  
Dr. Stephen Freedman

5. Manuscript Title  
Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)  
18-02597

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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Dr. Gouin 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)  
   Katrina

2. Surname (Last Name)  
   Hurley

3. Date  
   12-April-2018

4. Are you the corresponding author? [ ] Yes [X] No

   Corresponding Author's Name
   Stephen Freedman

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
   18-02597

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Royalties: Funds are coming into 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) Bonita
2. Surname (Last Name) Lee
3. Date 13-April-2018

4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Stephen B. Freedman

5. Manuscript Title
   Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)
   18-02597

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. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Xiaoli

2. Surname (Last Name)  
Pang

3. Date  
13-April-2018

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

Corresponding Author's Name  
Stephen Freedman

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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☐ Yes  ☑ No

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Naveen  
2. Surname (Last Name)  
   Poonai  
3. Date  
   13-April-2018  
4. Are you the corresponding author?  
   □ Yes  
   □ No  
   Corresponding Author’s Name  
   Stephen Freedman  
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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)  
David

2. Surname (Last Name)  
Schnadower

3. Date  
13-April-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Stephen Freedman

5. Manuscript Title  
Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)  
18-02597

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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Section 6. Disclosure Statement

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Dr. Schnadower has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Suzanne
2. Surname (Last Name)  Schuh
3. Date  12-April-2018

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Stephen Freedman

5. Manuscript Title
Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)
18-02597

Section 2. The Work Under Consideration for Publication

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Dr. Schuh 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)  
   Phillip

2. Surname (Last Name)  
   Sherman

3. Date  
   19-April-2018

4. Are you the corresponding author?    [ ] Yes    [ ] No

Corresponding Author’s Name  
Stephen Freedman

5. Manuscript Title  
Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)  
18-02597

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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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Medical advisory board on use of probiotics in pediatric allergies, including milk-protein colitis</td>
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<td></td>
<td>Workshop on microbiome in children held in Cancun, Mexico September 2017</td>
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<tr>
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<td></td>
<td>Laboratory research on prebiotics and probiotics</td>
</tr>
</tbody>
</table>
### ICMJE Form for Disclosure of Potential Conflicts of Interest

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</tr>
</thead>
<tbody>
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<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>Clinical research on probiotics (Bradley Johnson, PhD, Principal Investigator)</td>
</tr>
</tbody>
</table>

### Section 4. Intellectual Property – Patents & Copyrights

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

### Section 5. Relationships not covered above

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☐️ No other relationships/conditions/circumstances that present a potential conflict of interest

- Scientific Director, Canadian Institutes of Health Research Institute of Nutrition, Metabolism and Diabetes (0.5 FTE, January, 2009 - January, 2018).

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Dr. Sherman reports personal fees from Abbott Nutrition, Mead Johnson Nutritionals, and Nestle Nutrition and grants from Lallemand Health Solutions and BioKPlus outside the submitted work. Dr., Sherman was the Scientific Director, Canadian Institutes of Health Research Institute of Nutrition, Metabolism and Diabetes (0.5 FTE, January, 2009 - January, 2018).
ICMJE Form for Disclosure of Potential Conflicts of Interest

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Willan

3. Date  
   12-April-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [X] No  
   Corresponding Author’s Name  
   Freedman, Stephen

5. Manuscript Title  
   Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)  
   18-02597

## Section 2. The Work Under Consideration for Publication

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Dr. Willan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Williamson-Urquhart

3. Date  
   13-April-2018

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name  
Stephen Freedman

5. Manuscript Title  
Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

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<td>Canadian Institutes of Health Research</td>
<td>✓</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>In-kind support in the form of studied active product and placebo</td>
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<td>Lallemand Health Solutions Institut Rosell</td>
<td>☑</td>
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<td>✓</td>
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Ms. Williamson-Urquhart reports grants from Canadian Institutes of Health Research and non-financial support from Lallemand Health Solutions Institut Rosell during the conduct of the study.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally (but not always) paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
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
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
| Jianling | Xie | 11-April-2018 |

4. Are you the corresponding author? | Yes | No |

5. Manuscript Title
Combination Probiotic in Pediatric Gastroenteritis: A Multicenter Trial

6. Manuscript Identifying Number (if you know it)
18-02597

**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.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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):

☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Xie has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.