ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name) Leonard
2. Surname (Last Name) Bacharier
3. Date 24-October-2019
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name
   Augusto Litonjua
5. Manuscript Title
   Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial
6. Manuscript Identifying Number (if you know it)
   18-17163

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.

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>NIH/NHLBI</td>
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<td></td>
<td></td>
<td></td>
<td>funded the trial</td>
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</table>

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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>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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<th>Comments</th>
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<td>✔</td>
<td></td>
<td>☐</td>
<td>Advisory board. consultant</td>
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<td>✔</td>
<td></td>
<td>☐</td>
<td>Advisory board</td>
</tr>
<tr>
<td>Pharmavite</td>
<td>☐</td>
<td></td>
<td></td>
<td>✔</td>
<td>Provided study drug and placebo for Vit-D-Kids trial</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

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

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Disclosure Statement

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Dr. Bacharier reports grants from NIH/NHLBI, during the conduct of the study; personal fees from Aerocrine, personal fees from GlaxoSmithKline, personal fees from Genentech/Novartis, personal fees from Merck, personal fees from DBV Technologies, personal fees from Teva, personal fees from Boehringer Ingelheim, personal fees from AstraZeneca, personal fees from WebMD/Medscape, personal fees from Sanofi/Regeneron, personal fees from Vectura, personal fees from Circassia, non-financial support from Pharmavite, outside the submitted work.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Avraham

2. **Surname (Last Name)**
   - Beigelman

3. **Date**
   - 30-August-2019

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

   **Corresponding Author’s Name**
   - Augusto A. Litonjua

5. **Manuscript Title**
   - Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial

6. **Manuscript Identifying Number (if you know it)**
   - 19-06137

## 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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**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?

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**Section 6. Disclosure Statement**

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Dr. Beigelman has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  
   Vincent

2. Surname (Last Name)  
   Carey

3. Date  
   30-August-2019

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Augusto A. Litonjua

5. Manuscript Title  
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Dr. Carey has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Bruce

2. Surname (Last Name)  
   Hollis

3. Date  
   22-October-2019

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Augusto A. Litonjua

5. Manuscript Title  
   Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. Hollis 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)  
   Nancy M

2. Surname (Last Name)  
   Laranjo

3. Date  
   30-August-2019

4. Are you the corresponding author?  
   Yes  
   ✔  No

   Corresponding Author’s Name  
   Augusto A. Litonjua

5. Manuscript Title  
   Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial

6. Manuscript Identifying Number (if you know it)  
   19-06137

**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?  
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   ✔  No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   ✔  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Laranjo 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)
   Augusto

2. Surname (Last Name)
   Litonjua

3. Date
   30-August-2019

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

5. Manuscript Title
   Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial

6. Manuscript Identifying Number (if you know it)
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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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If yes, please fill out the appropriate information below.

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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. Litonjua reports personal fees from UpToDate, Inc, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Hooman

2. Surname (Last Name)  
Mirzakhani

3. Date  
29-August-2019

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

Corresponding Author’s Name  
Augusto A. Litonjua

5. Manuscript Title  
Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial

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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?  
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Dr. Mirzakhani 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)  George
2. Surname (Last Name) O’Connor
3. Date  30-August-2019
4. Are you the corresponding author?  Yes ✔
5. Manuscript Title
Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial

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 ✔

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Are there any relevant conflicts of interest?  Yes ✔

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<td>Co-investigator on research grant concerning genomics of COPD</td>
</tr>
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Dr. O’Connor reports grants from NIH, during the conduct of the study; personal fees from AstraZeneca, grants from Janssen Pharmaceuticals, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Megan  

2. Surname (Last Name)  
Sandel  

3. Date  
25-October-2019  

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

5. Manuscript Title  
Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial  

6. Manuscript Identifying Number (if you know it)  
19-06137  

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Are there any relevant conflicts of interest?  
☑ Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sandel reports non-financial support from Enterprise Community Partners, outside the submitted work.

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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)**  
   Michael  
2. **Surname (Last Name)**  
   Schatz  
3. **Date**  
   30-August-2019  
4. **Are you the corresponding author?**  
   Yes [ ]  No [X]  
   **Corresponding Author’s Name**  
   Augusto A. Litonjua  
5. **Manuscript Title**  
   Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial  
6. **Manuscript Identifying Number (if you know it)**  
   19-06137

## 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  [X] No

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Are there any relevant conflicts of interest?  
[ ] Yes  [X] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  [X] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Schatz 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)  Benjamin
2. Surname (Last Name)  Stubbs
3. Date  30-August-2019
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Augusto A. Litonjua
5. Manuscript Title  Six-Year Follow-Up of the Vitamin D Antenatal Asthma Reduction Trial
6. Manuscript Identifying Number (if you know it)  19-06137

Section 2. The Work Under Consideration for Publication

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Mr. Stubbs has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Scott  

2. Surname (Last Name)  
   Weiss  

3. Date  
   30-August-2019  

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✓] No  
   Corresponding Author’s Name  
   Augusto A. Litonjua  

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Zeiger

3. Date  
   30-August-2019

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   Yes  ✔  No

   Corresponding Author’s Name  
   Augusto A. Litonjua

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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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<td></td>
<td></td>
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<td>Principal Investigator of Clinical Site</td>
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<th>Name of Entity</th>
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<td>Grant to Kaiser Permanente Southern California, Consultant</td>
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<td>Merck</td>
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<td>Grant to Kaiser Permanente Southern California</td>
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<td>Regeneron Pharmaceuticals</td>
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<td>✓</td>
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<td>Consultant</td>
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<td>✓</td>
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<td>TEVA</td>
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Dr. Zeiger reports grants from NHLBI, during the conduct of the study; grants from Aerocrine, grants and personal fees from Genentech, grants from MedImmune/AstraZeneca, grants from Merck, personal fees from AstraZeneca, personal fees from Novartis, personal fees from Theravance BioPharma, personal fees from Regeneron Pharmaceuticals, personal fees from Patara Pharma, grants and personal fees from GlaxoSmithKline, grants from ALK Pharma, grants and personal fees from TEVA, outside the submitted work.

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