

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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Pending: The patent has been filed but not issued

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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) Yao-Chieh	2. Surname (Last Name) Cheng	3. Date 26-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher King
5. Manuscript Title A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis		
6. Manuscript Identifying Number (if you know it) 17-06854		

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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Dr. Cheng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Kazura	3. Date 26-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher King
5. Manuscript Title A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis		
6. Manuscript Identifying Number (if you know it) 17-06854		

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Dr. Kazura 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)

Christopher L.

2. Surname (Last Name)

King

3. Date

24-August-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis

6. Manuscript Identifying Number (if you know it)

17-06854

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. King 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)
Brooke

2. Surname (Last Name)
Mancuso

3. Date
29-August-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christopher King

5. Manuscript Title
A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis

6. Manuscript Identifying Number (if you know it)
17-06854

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Dr. Mancuso 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)
Leanne

2. Surname (Last Name)
Robinson

3. Date
26-August-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christopher King

5. Manuscript Title
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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) Nelly	2. Surname (Last Name) Sanuku	3. Date 28-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher King
5. Manuscript Title A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis		
6. Manuscript Identifying Number (if you know it) 17-06854		

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. Sanuku 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)
Samson

2. Surname (Last Name)
Satofan

3. Date
29-August-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christopher King

5. Manuscript Title
A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis

6. Manuscript Identifying Number (if you know it)
17-06854

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Dr. Satofan 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)
Peter

2. Surname (Last Name)
Siba

3. Date
02-September-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christopher King

5. Manuscript Title
A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis

6. Manuscript Identifying Number (if you know it)
17-06854

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Suamani	3. Date 29-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher King
5. Manuscript Title A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis		
6. Manuscript Identifying Number (if you know it) 17-06854		

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gary	2. Surname (Last Name) Weil	3. Date 19-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher King
5. Manuscript Title A Trial of a Novel Triple Drug Treatment for Lymphatic Filariasis		
6. Manuscript Identifying Number (if you know it) 17-06854		

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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
Bill & Melinda Gates Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Weil reports grants from Bill & Melinda Gates Foundation during the conduct of the study.

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