

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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Other: Anything not covered under the previous three boxes

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)
Diane

2. Surname (Last Name)
Gold

3. Date
07-December-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sheryl Rifas-Shiman

5. Manuscript Title
Prenatal and Early-Life Fructose, Fructose-Containing Beverages, and Mid-Childhood Asthma

6. Manuscript Identifying Number (if you know it)
Manuscript ID: White-201707-5300C.R2

Section 2. The Work Under Consideration for Publication

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Section 6. Disclosure Statement

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Dr. Gold reports grants from NIH, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Sheryl

2. Surname (Last Name)
Rifas-Shiman

3. Date
04-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prenatal and Early-Life Fructose, Fructose-Containing Beverages, and Mid-Childhood Asthma

6. Manuscript Identifying Number (if you know it)
White-201707-5300C.R2

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Are there any relevant conflicts of interest? Yes No

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Dr. Rifas-Shiman has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Augusto

2. Surname (Last Name)
Litonjua

3. Date
08-December-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sheryl Rifas-Shiman

5. Manuscript Title
Prenatal and Early-Life Fructose, Fructose-Containing Beverages, and Mid-Childhood Asthma

6. Manuscript Identifying Number (if you know it)
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
UpToDate, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Author royalties
AstraZeneca, LP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation fees

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Litonjua reports personal fees from UpToDate, Inc, personal fees from AstraZeneca, LP, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Emily

2. Surname (Last Name)
Oken

3. Date
05-December-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sheryl Rifas-Shiman

5. Manuscript Title
Prenatal and Early-Life Fructose, Fructose-Containing Beverages, and Mid-Childhood Asthma

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Dr. Oken reports grants from NIH, during the conduct of the study; grants from NIH, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

LAKIEA

2. Surname (Last Name)

WRIGHT

3. Date

2/1/18

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 Yes No

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Prenatal + Early Life Fructose, Fructose-Containing Beverages, and Mid-Childhood Asthma

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