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.

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<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Claire</td>
<td>Wang</td>
<td>22-November-2017</td>
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4. Are you the corresponding author?  

<table>
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<th>Yes</th>
<th>No</th>
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<tr>
<th>Corresponding Author’s Name</th>
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<tbody>
<tr>
<td>Katharine Collins</td>
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</tbody>
</table>

5. Manuscript Title  
Human to mosquito transmission during controlled human malaria infection

6. Manuscript Identifying Number (if you know it)  
98012-JCI-CMED-1

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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.

Ms. Wang 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)  
Hayley

2. Surname (Last Name)  
Mitchell

3. Date  
24-November-2017

4. Are you the corresponding author?  
Yes ☑  No

Corresponding Author's Name  
Katharine Collins

5. Manuscript Title  
Human to mosquito transmission during controlled human malaria infection

6. Manuscript Identifying Number (if you know it)  
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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>Grant number: OPP1111147</td>
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<tr>
<td>NHMRC Program Grant</td>
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Ms. Mitchell reports grants from BMGF grant - "Investment in the Controlled Human Malaria Infection (CHMI) model at QIMR via MMV", grants from NHMRC Program Grant, during the conduct of the study; 

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Corresponding Author's Name  
Katharine Collins

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   Moehrle  
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<td>I am an employee of Medicines for Malaria venture</td>
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Section 1. Identifying Information

1. Given Name (First Name) James
2. Surname (Last Name) McCarthy
3. Date 22-November-2017
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author's Name
   Katharine Collins
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<td>Grant number: 1135955</td>
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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

### 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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Dr. McCarthy reports grants from BMGF grant - "Investment in the Controlled Human Malaria Infection (CHMI) model at QIMR via MMV", grants from NHMRC Program Grant, grants from NHMRC Practitioner Fellowship, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name)  
Katharine

2. Surname (Last Name)  
Collins

3. Date  
22-November-2017

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

5. Manuscript Title  
Human to mosquito transmission during controlled human malaria infection

6. Manuscript Identifying Number (if you know it)  
98012-JCI-CMED-1

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Adams

3. Date  
   24-November-2017

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   Human to mosquito transmission during controlled human malaria infection

6. Manuscript Identifying Number (if you know it)  
   98012-JCI-CMED-1

**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.

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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

Adams
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5: Relationships not covered above

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Mr. Adams reports grants from BMGF grant - "Investment in the Controlled Human Malaria Infection (CHMI) model at QIMR via MMV", grants from NHMRC Program Grant, during the conduct of the study;.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Melanie

2. Surname (Last Name)  
Rampton

3. Date  
22-Northern-2017

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

Corresponding Author’s Name  
Katharine Collins

5. Manuscript Title  
Human to mosquito transmission during controlled human malaria infection

6. Manuscript Identifying Number (if you know it)  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robert  

2. Surname (Last Name)  
   Sauerwein  

3. Date  
   05-December-2017  

4. Are you the corresponding author?  
   ✔ No  

   Corresponding Author’s Name  
   Katharine Collins  

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Dr. Sauerwein has nothing to disclose.

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

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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)  
Stephan

2. Surname (Last Name)  
CHALON

3. Date  
22-November-2017

4. Are you the corresponding author?  
Yes ✔

 Corresponding Author's Name  
Katharine Collins

5. Manuscript Title  
Human to mosquito transmission during controlled human malaria infection

6. Manuscript Identifying Number (if you know it)  
98012-JCI-CMED-1

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.)?  
Yes ✔

Are there any relevant conflicts of interest?  
Yes ✔

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>I am an employee of MMV</td>
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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.

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Yes ☐ ✔ No ✔

Section 4. Intellectual Property -- Patents & Copyrights

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

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Stephan Chalon is an employee of MMV

Evaluation and Feedback

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Suzanne

2. Surname (Last Name)  
Elliott

3. Date  
22-November-2017

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

Corresponding Author’s Name  
Katharine Collins

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Dr. Elliott has nothing to disclose.

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## Section 1. Identifying Information

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

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

3. **Date**
   - 22-November-2017

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Human to mosquito transmission during controlled human malaria infection

6. **Manuscript Identifying Number (if you know it)**
   - 98012-JCI-CMED-1

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Bousema
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Dr. Bousema reports grants from European Research Council - ERC Starting grant, during the conduct of the study.

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