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) | Jose |
| 2. Surname (Last Name) | Arribas |
| 3. Date | 02-January-2017 |

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

5. Manuscript Title
Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)
16-15162

### 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? ☑ No

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Dr. Arribas has nothing to disclose.

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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Astray-Mochales</td>
</tr>
<tr>
<td>3. Date</td>
<td>04-January-2017</td>
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<tr>
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<tr>
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Dr. Astray-Mochales has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Esther
2. Surname (Last Name)  Bermejo-Lopez
3. Date  01-February-2017
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)
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<tr>
<td>Victor Manuel</td>
<td>Cornejo-Del Rio</td>
<td>05-January-2017</td>
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4. Are you the corresponding author?  
☐ Yes  ✔ No

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Fernando

2. **Surname (Last Name)**
   de la Calle-Prieto

3. **Date**
   02-January-2017

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

   **Corresponding Author’s Name**
   Jose R Arribas

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Dr. de la Calle-Prieto 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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**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
### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Maria del Pilar
2. **Surname (Last Name)**  
   Delgado-Jiménez
3. **Date**  
   09-January-2017
4. **Are you the corresponding author?**  
   Yes
5. **Manuscript Title**  
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain
6. **Manuscript Identifying Number (if you know it)**  
   16-15162

### 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. Delgado-Jiménez 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)  
   Domingo

2. Surname (Last Name)  
   Diaz-Diaz

3. Date  
   13-February-2017

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)  
   16-15162

Section 2. The Work Under Consideration for Publication

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Dr. Díaz-Díaz has nothing to disclose.

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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) Petra
2. Surname (Last Name) Emmerich
3. Date 19-January-2017
4. Are you the corresponding author? ☑ No
5. Manuscript Title Autochthonous Crimean-Congo Hemorrhagic Fever in Spain
6. Manuscript Identifying Number (if you know it) 16-15162

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.)? 

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Are there any relevant conflicts of interest? ☑ No

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Dr. Emmerich 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)**
   - Ana

2. **Surname (Last Name)**
   - Fernández-Cruz

3. **Date**
   - 05-January-2017

4. **Are you the corresponding author?**
   - Yes [ ]  No [x]  
   - Corresponding Author’s Name: Jose R Arribas

5. **Manuscript Title**
   - Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. **Manuscript Identifying Number (if you know it)**
   - 16-15162

### Section 2. The Work Under Consideration for Publication

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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
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Dr. Fernández-Cruz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maria Victoria
2. Surname (Last Name) Fernandez-Diaz
3. Date 01-February-2017
4. Are you the corresponding author? No
5. Manuscript Title Autochthonous Crimean-Congo Hemorrhagic Fever in Spain
6. Manuscript Identifying Number (if you know it) 16-15162

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)                2. Surname (Last Name)                3. Date
Juan Carlos                                Figueira                              04-January-2017

4. Are you the corresponding author?      5. Manuscript Title
   ✔ No                                         Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)
   16-15162

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Figueira has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Identifying Information

1. Given Name (First Name)  
Jose Luis

2. Surname (Last Name)  
Fraile-Gonzalez

3. Date  
10-January-2017

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

Corresponding Author’s Name  
Jose R Arribas

5. Manuscript Title  
Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)  
16-15162

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Are there any relevant 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) Nicolas
2. Surname (Last Name) Garcia-Arenzana
3. Date 04-January-2017

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

Corresponding Author’s Name
Jose R Arribas

5. Manuscript Title
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)
   16-15162

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Dr. Garcia-Arenzana has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Luis</td>
<td>Garcia-Comas</td>
<td>11-January-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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**Section 2. The Work Under Consideration for Publication**

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Dr. Garcia-Comas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Elena Aurea

2. Surname (Last Name)  
Keough-Delgado

3. Date  
01-February-2017

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

   Corresponding Author’s Name  
Jose R Arribas

5. Manuscript Title  
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Dr. Keough-Delgado has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Fatima

2. Surname (Last Name)  
   Lasala-Sánchez

3. Date  
   01-February-2017

4. Are you the corresponding author?  
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   Jose R Arribas

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Royalties: Funds are coming in to you or your institution due to your patent

López-García

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Maria Aurora

2. Surname (Last Name)  
López-García

3. Date  
13-February-2017

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

5. Manuscript Title  
Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)  
16-15162

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?  
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Dr. López-García 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)**
   - Lorenzo

2. **Surname (Last Name)**
   - López-Pére

3. **Date**
   - 17-January-2017

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. **Manuscript Identifying Number (if you know it)**
   - 16-15162

## Section 2. The Work Under Consideration for Publication

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Dr. López-Pére 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) Jesus Javier
2. Surname (Last Name) Manzanares-Gomez
3. Date 01-February-2017

4. Are you the corresponding author? ❑ Yes ❑ No
   Corresponding Author’s Name Jose R Arribas

5. Manuscript Title Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it) 16-15162

Section 2. The Work Under Consideration for Publication

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Dr. Manzanares-Gomez has nothing to disclose.

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1. Given Name (First Name)  
   Amalia

2. Surname (Last Name)  
   Martínez de la Gándara

3. Date  
   18-January-2017

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Jose R Arribas

5. Manuscript Title  
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)  
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Dr. Martínez de la Gándara has nothing to disclose.

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</tr>
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<tbody>
<tr>
<td>Alejandro</td>
<td>Martin-Quiros</td>
<td>05-January-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: 
   Jose R Arribas

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Dr. Martin-Quiros has nothing to disclose.

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<td>Menarguez</td>
<td>17-January-2017</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jose R Arribas</td>
</tr>
</tbody>
</table>

5. Manuscript Title
Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)
16-15162

### 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.)?

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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
Section 5. Relationships not covered above

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Dr. Menarguez has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Milla
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jakob Balthasar

2. Surname (Last Name)  
   Milla

3. Date  
   10-January-2017

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

   Corresponding Author’s Name  
   Jose R Arribas

5. Manuscript Title  
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Milla has nothing to disclose.

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Mora-Rillo
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Marta
2. Surname (Last Name)  Mora-Rillo
3. Date  04-January-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)
16-15162

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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 1. Identifying Information

1. Given Name (First Name)  
   Anabel

2. Surname (Last Name)  
   Negredo

3. Date  
   31-January-2017

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

    Corresponding Author’s Name  
    Jose R Arribas

5. Manuscript Title  
    Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)  
    16-15162

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Are there any relevant conflicts of interest?  
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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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Negredo
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   María

2. Surname (Last Name)  
   Ordobás

3. Date  
   11-January-2017

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Jose R Arribas

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eduardo

2. Surname (Last Name)  
   Palencia-Herrejon

3. Date  
   09-January-2017

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

Corresponding Author’s Name  
Jose R Arribas

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Eva

2. **Surname (Last Name)**  
   Ramírez de Arellano Morales

3. **Date**  
   10-January-2017

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - ✔ No  
   **Corresponding Author’s Name**  
   Jose R Arribas

5. **Manuscript Title**  
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. **Manuscript Identifying Number (if you know it)**  
   16-15162

### 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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- [ ] Yes  
- ✔ No

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- ✔ No
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Dr. Ramírez de Arellano Morales 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)  Maria Elena
2. Surname (Last Name)  Rodriguez-Baena
3. Date  10-January-2017
4. Are you the corresponding author?  No
5. Manuscript Title  Autochthonous Crimean-Congo Hemorrhagic Fever in Spain
6. Manuscript Identifying Number (if you know it)  16-15162

Corresponding Author's Name  Jose R Arribas

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Are there any relevant conflicts of interest?  No

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Dr. Rodríguez-Baena 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)  
   Olaia

2. Surname (Last Name)  
   Rodriguez-Fraga

3. Date  
   11-January-2017

4. Are you the corresponding author?  
   No

   ✔ Yes

Corresponding Author’s Name  
   Jose R Arribas

5. Manuscript Title  
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain

6. Manuscript Identifying Number (if you know it)  
   16-15162

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Dr. Rodriguez-Fraga 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)  
   Beatriz  
2. Surname (Last Name)  
   Sanchez-Artola  
3. Date  
   10-January-2017  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Jose R Arribas  
5. Manuscript Title  
   Autochthonous Crimean-Congo Hemorrhagic Fever in Spain  
6. Manuscript Identifying Number (if you know it)  
   16-15162  

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Dr. Sanchez-Artola 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)  
   María Paz

2. Surname (Last Name)  
   Sánchez-Seco

3. Date  
   01-February-2017

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
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   Jose R Arribas

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Dr. Sánchez-Seco has nothing to disclose.

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**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) Jonas
2. Surname (Last Name) Schmidt-Chanasit
3. Date 04-January-2017
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Jose R Arribas
5. Manuscript Title Autochthonous Crimean-Congo Hemorrhagic Fever in Spain
6. Manuscript Identifying Number (if you know it) 16-15162

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
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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. Schmidt-Chanasit has nothing to disclose.

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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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This section asks about your financial relationships with entities in the bio-medical 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.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Elena
2. Surname (Last Name)  Trigo-Esteban
3. Date  15-July-1983
4. Are you the corresponding author?  
   - Yes
   - ☑ No
   Corresponding Author’s Name  Jose R Arribas
5. Manuscript Title  Autochthonous Crimean-Congo Hemorrhagic Fever in Spain
6. Manuscript Identifying Number (if you know it)  16-15162

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
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Dr. Trigo-Esteban has nothing to disclose.

Evaluation and Feedback

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