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".

3. Relevant financial activities outside the submitted work.

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.

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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.

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.

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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
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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)  
   Eckard

2. Surname (Last Name)  
   Hamelmann

3. Date  
   28-April-2016

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   A randomised controlled trial of tiotropium in adolescents with severe symptomatic asthma

6. Manuscript Identifying Number (if you know it)

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.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| Boehringer-Ingelheim        | ✔      |               |                        |        |          |
| Boehringer-Ingelheim        |        |               |                        | ✔      | Clinical study organization |
|                             |        |               |                        |        |          |
|                             |        |               |                        |        |          |
|                             |        |               |                        |        |          |
|                             |        |               |                        |        |          |

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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. Hamelmann reports grants and other from Boehringer-Ingelheim, non-financial support from Boehringer-Ingelheim, 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)  
   Jonathan A.

2. Surname (Last Name)  
   Bernstein

3. Date  
   24-May-2016

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   A randomised controlled trial of tiotropium in adolescents with severe symptomatic asthma

6. Manuscript Identifying Number (if you know it)

**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.

| Name of Institution/Company   | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments                                           |
|-------------------------------|-------|----------------|------------------------|-------|---------------------------------------------------|
| Boehringer Ingelheim          | ✔     |                |                        |       | Clinical studies - paid to Institution            |
| Astra Zeneca                  | ✔     |                |                        |       | Clinical studies - paid to Institution            |
| GlaxoSmithKline               | ✔     |                |                        |       | Clinical studies - paid to Institution            |
| Boehringer Ingelheim          |       | ✔              |                        |       | Consulting fee/honorarium for Ad Board meetings   |
| Astra Zeneca                  |       | ✔              |                        |       | Consulting fee/honorarium for Ad Board meetings   |
| Boehringer Ingelheim          |       | ✔              |                        |       | Support to travel to Ad Board and Investigator meetings |
| Astra Zeneca                  |       | ✔              |                        |       | Support to travel to Ad Board and Investigator meetings |

Bernstein
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments                             |
|----------------|--------|----------------|------------------------|--------|--------------------------------------|
| VAH Clinical Research Unit and Bernstein Clinical Research Unit | ☐ | ☐ | ☐ | ☑ | Employment - clinical trials |

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. Bernstein reports grants from Boehringer Ingelheim, grants from AstraZeneca, grants from GlaxoSmithKline, personal fees from Boehringer Ingelheim, personal fees from AstraZeneca, personal fees from Boehringer Ingelheim during the conduct of the study; he receives other support from VAH Clinical Research Unit and Bernstein Clinical Research Unit, 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)  
Mark  

2. Surname (Last Name)  
Vandewalker  

3. Date  
17-May-2016  

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

Corresponding Author's Name  
Eckard Hamelmann  

5. Manuscript Title  
A randomised controlled trial of tiotropium in adolescents with severe symptomatic asthma  

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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?  
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If yes, please fill out the appropriate information below.

| Name of Entity         | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments     |
|------------------------|--------|----------------|------------------------|--------|--------------|
| Boehringer Ingelheim   | ☑      | ☐              | ☐                      | ☐      | Research Grant|
| Boehringer Ingelheim   | ☐      | ☑              | ☐                      | ☐      | Speakers Bureau|

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No  

Vandewalker
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Dr. Vandewalker reports grants from Boehringer Ingelheim, personal fees from Boehringer Ingelheim, 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)  
   **Petra**

2. Surname (Last Name)  
   **Moroni-Zentgraf**

3. Date  
   **17-May-2016**

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   **A randomised controlled trial of tiotropium in adolescents with severe symptomatic asthma**

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✔ Yes  
☐ No

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
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| Boehringer Ingelheim        |        |                |                        | ✔      | Employment |

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date               |
|---------------------------|------------------------|-----------------------|
| Daniela                   | Verri                  | 17-May-2016           |

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

Corresponding Author's Name

Eckard Hamelmann

5. Manuscript Title

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| Boehringer Ingelheim        |        |                |                        | [✓]    | Employment |

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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? [ ] Yes [✓] No
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 1. Identifying Information

1. Given Name (First Name)  
Anna

2. Surname (Last Name)  
Unseld

3. Date  
17-May-2016

4. Are you the corresponding author?  
Yes ✗ No

5. Manuscript Title  
A randomised controlled trial of tiotropium in adolescents with severe symptomatic asthma

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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1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Engel

3. Date  
17-May-2016

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Eckard Hamelmann

5. Manuscript Title  
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Attilio

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Dr. Boner has nothing to disclose.

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