

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Other:** Anything not covered under the previous three boxes

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Shaily

2. Surname (Last Name)  
Garg

3. Date  
03-November-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Tucker, S.N.

5. Manuscript Title  
Safety and immunity to norovirus after oral tablet immunization: a phase 1 randomized, placebo-controlled trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vaxart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee of Vaxart

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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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Ms. Garg reports personal fees from Vaxart, 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) Keith      2. Surname (Last Name) Gottlieb      3. Date 03-November-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Tucker, S.N.

5. Manuscript Title  
Safety and immunity to norovirus after oral tablet immunization: a phase 1 randomized, placebo-controlled trial

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1. Given Name (First Name)  
George

2. Surname (Last Name)  
Trager

3. Date  
03-November-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Tucker, S.N.

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1. Given Name (First Name)  
Leesun

2. Surname (Last Name)  
Kim

3. Date  
03-November-2017

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Corresponding Author's Name  
Tucker, S.N.

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1. Given Name (First Name) Kassandra

2. Surname (Last Name) Kasperek

3. Date 03-November-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Tucker, S.N.

5. Manuscript Title Safety and immunity to norovirus after oral tablet immunization: a phase 1 randomized, placebo-controlled trial

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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)  
Karen

2. Surname (Last Name)  
Lin

3. Date  
03-November-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Tucker, S.N.

5. Manuscript Title  
Safety and immunity to norovirus after oral tablet immunization: a phase 1 randomized, placebo-controlled trial

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vaxart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee of Vaxart

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### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Ms. Lin reports personal fees from Vaxart, during the conduct of the study

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dave      2. Surname (Last Name) Liebowitz      3. Date 03-November-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Tucker, S.N.

5. Manuscript Title  
Safety and immunity to norovirus after oral tablet immunization: a phase 1 randomized, placebo-controlled trial

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Dr. Liebowitz reports personal fees from Vaxart, 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) Marcela	2. Surname (Last Name) Pasetti	3. Date 10-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tucker, S.N.
5. Manuscript Title Safety and immunity to norovirus after oral tablet immunization: a phase 1 randomized, placebo-controlled trial		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Pasetti 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) \_\_\_\_\_ Sean

2. Surname (Last Name) \_\_\_\_\_ Tucker

3. Date \_\_\_\_\_ 02-November-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title \_\_\_\_\_  
Safety and immunity to norovirus after oral tablet immunization: a phase 1 randomized, placebo-controlled trial

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Chimeric Ad patent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Technology Used in the Clinical Trial

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Dr. Tucker reports personal fees from Vaxart, during the conduct of the study; In addition, Dr. Tucker has a patent Chimeric Ad Patent issued.

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# CONSORT 2010 checklist of information to include when reporting a randomised trial\*

Section/Topic	Item No	Checklist item	Reported on page No
<b>Title and abstract</b>			
	1a	Identification as a randomised trial in the title	<u>1</u>
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	<u>1</u>
<b>Introduction</b>			
Background and objectives	2a	Scientific background and explanation of rationale	<u>3</u>
	2b	Specific objectives or hypotheses	<u>4</u>
<b>Methods</b>			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	<u>13</u>
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	<u>N/A</u>
Participants	4a	Eligibility criteria for participants	<u>Supplemental</u>
	4b	Settings and locations where the data were collected	<u>5</u>
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	<u>12</u>
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	<u>13-14</u>
	6b	Any changes to trial outcomes after the trial commenced, with reasons	<u>N/A</u>
Sample size	7a	How sample size was determined	<u>13</u>
	7b	When applicable, explanation of any interim analyses and stopping guidelines	<u>N/A</u>
<b>Randomisation:</b>			
Sequence generation	8a	Method used to generate the random allocation sequence	<u>12</u>
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	<u>12</u>
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	<u>12</u>
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	<u>12</u>
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	<u>12</u>
	11b	If relevant, description of the similarity of interventions	<u>12, 13</u>
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	<u>17</u>
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	<u>Supplemental</u>

## Results

Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	<u>5, Figure 1</u>
	13b	For each group, losses and exclusions after randomisation, together with reasons	<u>5, Figure 1</u>
Recruitment	14a	Dates defining the periods of recruitment and follow-up	<u>5</u>
	14b	Why the trial ended or was stopped	<u>N/A (fully enrolled)</u>
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	<u>Table 1</u>
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	<u>5-9</u>
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	<u>5-9</u>
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	<u>N/A</u>
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	<u>Supplemental</u>
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	<u>5-6</u>
<b>Discussion</b>			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	<u>12</u>
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	<u>10</u>
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	<u>11</u>
<b>Other information</b>			
Registration	23	Registration number and name of trial registry	<u>2</u>
Protocol	24	Where the full trial protocol can be accessed, if available	<u>1</u>
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	<u>2</u>

\*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for and for up to date references relevant to this checklist, see [www.consort-statement.org](http://www.consort-statement.org).