

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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Juan P	rst Name)	2. Surname (Last Name) Batalle	3. Effective Date (07-August-2008) 15-November-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title	e		
A mechanistic ro	ole for type III interfero	on-lambda in asthma exace	rbations mediated by human rhinoviruses
6. Manuscript Ide Blue-201108-146	ntifying Number (if you 52OC.R2	know it)	

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



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	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	V					×

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
12 Traval/assayana dations/						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activity potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
✓ No other relationships/conditions	s/circum	stances th	at present a po	otential conflict of intere	st	

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Hide All Table Rows Checked 'No'

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5. Manuscript Title	e			_
A mechanistic ro	ole for type III interfero	n-lambda in asthma exace	rbations mediated by human rhinoviruses	
6. Manuscript Ide Blue-201108-14	ntifying Number (if you l 52OC.R2	know it)	_	_

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						ADD
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						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



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							ADD
7. Other		✓					×
							ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	V					×

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						ADD
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						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	Pediatric Infectious Disease Society	Fellowship award (salary support)	×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD



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Туре	No	Money Paid to You	Your	Name of Entity	Comments**		
Provision of writing assistance, medicines, equipment, or administrative support	✓					×	
						ADD	
7. Other	✓					×	
						ADD	

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1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×

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						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultand				ravel related to that consult	tancy on this line.	
Section 4. Other relationsh	nine					

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Given Name (First Name)			1、11、11、11、11、11、11、11、11、11、11、11、11、1
Jimena	2. Surname (Last Name) BU6N	<u>A</u>	3. Effective Date (07-August-200 09-November-2011
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5. Manuscript Title A mechanistic role for type III interfero	on-lambda in asthma eyacer	Fernando P. Polack	
5 Manuscript I.L		Dations mediated by hi	uman rhinoviruses
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Туре	No	Money Paid	Money to Your Institution*	Name of Entity	Comments**	
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2. Consulting fee or honorarium	V					ADD X
3. Support for travel to meetings for the study or other purposes	/					ADD X
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5. Payment for writing or reviewing the manuscript	V			•		ADD X
Provision of writing assistance, medicines, equipment, or administrative support	7					ADD X



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2. Consultancy	V				ADD X
3. Employment	✓				AOD X
4. Expert testimony					ADD X
5. Grants/grants pending	✓ .				ADD X
Payment for lectures including service on speakers bureaus	√				
7. Payment for manuscript preparation	V				ADD ×

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Hide All Table Rows Checked 'No'

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities ou	itside th	e submit	ted work		and the state of t	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)						ADD
9. Royalties	V					ADD X
Payment for development of educational presentations	V					ADD X
11. Stock/stock options	\checkmark					ADD ×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V					ADD ×
13. Other (err on the side of full disclosure)	✓					ADD X
* This means money that your institution ** For example, if you report a consultance	received for above the	or your effor nere is no ne	rts. eed to report travel	related to that consultan	cy on this line.	ADD
Section 4. Other relationsh	ips					er santest
Are there other relationships or activity potentially influencing, what you wro	ties that r te in the s	eaders cou submitted	Ild perceive to ha work?	ve influenced, or that	give the appearance of	
No other relationships/conditions, Yes, the following relationships/co	/circumst onditions/	ances that circumstar	present a potent	tial conflict of interest (explain below):		
At the time of manuscript acceptance, On occasion, journals may ask authors	, journals to disclo	will ask au se further i	thors to confirm information abou	and, if necessary, upda ut reported relationship	ite their disclosure state os.	ments.
					·	

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Section 1.	ldentifying Infor	mation		
1. Given Name (Fi Aaron	rst Name)	2. Surname (Last Name) Chen	3. Effective Date (07- 09-November-201	
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Fernando P. Polack	
5. Manuscript Title A mechanistic ro		on-lambda in asthma exac	erbations mediated by human rhinoviruses	
6. Manuscript Idea	ntifying Number (if you 52OC.R2	know it)		

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The Work Under Consideration f	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					X
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultand				ravel related to that consult	ancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activing potentially influencing, what you wro	ities that		•	to have influenced, or th	at give the appearance of	

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Silvina	rst Name)	2. Surname (Last Name) Coviello	3. Effective Date (07-August-2006) 15-November-2011	3)
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Fernando P. Polack	
5. Manuscript Title	e			
A mechanistic ro	ole for type III interfero	n-lambda in asthma exace	erbations mediated by human rhinoviruses	
6. Manuscript Ide Blue-201108-14	ntifying Number (if you l 52OC.R2	know it)		

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
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						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



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							ADD		
7. Other		✓					×		
							ADD		

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1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
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4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
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						ADD
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Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×	
						ADD	
13. Other (err on the side of full disclosure)	✓					×	
						ADD	
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✓ No other relationships/conditions	s/circum	stances th	at present a po	otential conflict of intere	st		

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4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title	e		
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						ADD
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						ADD
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						ADD
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							ADD		
7. Other		✓					×		
							ADD		

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1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×
						ADD
Payment for manuscript preparation	✓					×

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						ADD	
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						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×	
						ADD	
13. Other (err on the side of full disclosure)	✓					×	
						ADD	
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✓ No other relationships/conditions	s/circum	stances th	at present a po	otential conflict of intere	st		

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Hijano 1



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1. Given Name (Fi Diego	rst Name)	2. Surname (Last Name) Hijano		3. Effective Date (07-August-2008) 14-November-2011
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						ADD
11. Stock/stock options	✓					×
10 T						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
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Section 1.	Identifying Infor	mation	
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Kraft	3. Effective Date (07-August-2008) 14-November-2011
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Drs. Kathryn Miller, Fernando Polack
5. Manuscript Title A mechanistic ro		on- \$B&K (J1 in asthma exac	cerbations mediated by human rhinoviruses
6. Manuscript Ide Blue-201108-140	ntifying Number (if you l 52OC.R2	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.						
Section 4. Other relationsl	nips					
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
No other relationships/sandition	-/sirsura	stancoc +l-	at procent a a	otontial conflict of interes	c+	

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Hide All Table Rows Checked 'No'

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Libster 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Romina	2. Surname (Last Name) Libster	3. Effective Date (07-August-2008) 08-November-2011
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title A mechanistic role for type III interfero	on-λ1 in asthma exacerbat	ons mediated by human rhinoviruses
6. Manuscript Identifying Number (if you 201108-1462OC.R1	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication							
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**		

^{*} This means money that your institution received for your efforts on this study.

Section 3.

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work

Libster 2

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		

^{*} This means money that your institution received for your efforts.

	ı		
Section 4.	Other relationships		
	elationships or activities that readers could pending, what you wrote in the submitted work		or that give the appearance of
	tionships/conditions/circumstances that preswing relationships/conditions/circumstances		
	anuscript acceptance, journals will ask author rnals may ask authors to disclose further infor		•
	Show All Table Rows	SAVE	

Evaluation and Feedback

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

Libster 3

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Stephanie	rst Name)	2. Surname (Last Name) London	3. Effective Date (07-August-2008) 09-November-2011
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title A mechanistic ro		on-lambda in asthma exac	erbations mediated by human rhinoviruses
6. Manuscript Ide Blue-201108-146	ntifying Number (if you 52OC.R2	know it)	

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×
medicines, equipment, or	✓					×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	√					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	√					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsh	•					
Other relationsr						
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of	

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi E. Kathryn	rst Name)	2. Surname (Last Name) Miller	3. Effective Date (07-August-2008) 13-November-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title	2		
A mechanistic ro	le for type III interfero	n-lambda in asthma exace	rbations mediated by human rhinoviruses
6. Manuscript Ide Blue-201108-146	ntifying Number (if you k 52OC.R2	know it)	_

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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		✓		NIH KL2 RR24977-03		×
1. Grant		✓		NIH 1K23Al091691-01		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
Provision of writing assistance, medicines, equipment, or administrative support	✓					×	
						ADD	
7. Other	✓					×	
						ADD	

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						ADD	
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						ADD	
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						ADD	
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						ADD	
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						ADD
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						ADD
Patents (planned, pending or issued)	✓					×
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5. Manuscript Titl A mechanistic ro		on-lambda in asthma exac	erbations mediated by huma	an rhinoviruses
6. Manuscript Ide Blue-201108-14	ntifying Number (if you 62OC.R2	know it)		

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Did you or your institution at any time receive payment or services from a third party 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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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

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 submission.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					×	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					X	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	
Section 4. Other relationsl	nips _					
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?						
✓ No other relationships/condition:	s/circum	stances th	nat present a po	otential conflict of intere	est	
Yes, the following relationships/c						

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Mónica	rst Name)	2. Surname (Last Name) Otello	3. Effective Date (07-August-2008) 09-November-2011
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title A mechanistic ro		on-lambda in asthma exac	erbations mediated by human rhinoviruses
6. Manuscript Ide Blue-201108-146	ntifying Number (if you 52OC.R2	know it)	

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The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					×	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					X	
						ADD	
Payment for manuscript preparation	✓					×	

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsl	ains -					
Other relations						
Are there other relationships or active potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of	

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?

No other relationships/conditions/circumstances that present a potential conflict of interest
Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Néstor	irst Name)	2. Surname (Last Name) Pisapia	3. Effective Date (07-August-2008) 09-November-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title A mechanistic ro		on-lambda in asthma exace	erbations mediated by human rhinoviruses
6. Manuscript Ide Blue-201108-14	ntifying Number (if you 62OC.R2	know it)	

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The Work Under Consideration f	The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	✓					×			
						ADD			
2. Consulting fee or honorarium	✓					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	✓					×			
						ADD			
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×			
						ADD			
Payment for writing or reviewing the manuscript	✓					×			
						ADD			
Provision of writing assistance, medicines, equipment, or administrative support	√					×			



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					X	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					×		
						ADD		
Payment for development of educational presentations	✓					×		
						ADD		
11. Stock/stock options	✓					×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×		
						ADD		
13. Other (err on the side of full disclosure)	✓					×		
						ADD		
* This means money that your institution								
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationships								
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?								
✓ No other relationships/conditions/circumstances that present a potential conflict of interest								
Ves the following relationships/conditions/circumstances are present (explain below):								

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Fernando	2. Surname (Last Name) Polack	3. Effective Date (07-August-2008) 14-November-2011
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript TitleA mechanistic role for type III nterfero6. Manuscript Identifying Number (if you	n lambda 1 in asthma exacerbations med	liated by human rhinoviruses
Blue 201108-1462OC-R2	with the second	

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	Thrasher Research Fund		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	√					×
						ADD
5. Payment for writing or reviewing the manuscript	✓					×
						ADD



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
Provision of writing assistance, medicines, equipment, or administrative support	√					×		
						ADD		
7. Other	✓					×		
						ADD		

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy		✓		Abbott Nutrition	no conflict; breast milk	×		
2. Consultancy		✓		MSD Vaccines	no conflict: RSV vaccines	×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		

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Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Payment for lectures including service on speakers bureaus		✓		Abbottt Pharmaceuticals	no conflict: RSV pathogenesis	×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution	received	for your ef	forts.			

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1. Given Name (Fi Andrea	rst Name)	2. Surname (Last Name) Reynaldi	3. Effective Date (07-August-2008) 09-November-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title	e		
A mechanistic ro	ole for type III interfero	on-lambda in asthma exace	rbations mediated by human rhinoviruses
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						ADD
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						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work	Under Consideration	for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					X
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsl	ains -					
Other relations						
Are there other relationships or active potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of	

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?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

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Evaluation and Feedback

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Andrea	rst Name)	2. Surname (Last Name) Rodriguez	3. Effective Date (07-August-2008) 09-November-2011
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title	e		
A mechanistic ro	ole for type III interfero	on-lambda in asthma exace	rbations mediated by human rhinoviruses
6. Manuscript Ide Blue-201108-146	ntifying Number (if you 52OC.R2	know it)	

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	✓					×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			
Payment for lectures including service on speakers bureaus	✓					X			
						ADD			
Payment for manuscript preparation	✓					×			

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
						ADD			
Patents (planned, pending or issued)	✓					×			
						ADD			
9. Royalties	✓	Ш				×			
						ADD			
Payment for development of educational presentations	✓					×			
						ADD			
11. Stock/stock options	✓					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×			
						ADD			
Other (err on the side of full disclosure)	✓					×			
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.									
Section 4. Other relationsh	nips								
Are there other relationships or activing potentially influencing, what you wro				to have influenced, or th	at give the appearance of				
✓ No other relationships/conditions Yes, the following relationships/c					st				
At the time of manuscript acceptance	e, journa	ls will ask	authors to con	firm and, if necessary, up	odate their disclosure state	ements.			

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Section 1.	Identifying Infor	mation		
Given Name (First Name) M. Elina		2. Surname (Last Name) Serra		Effective Date (07-August-2008) -November-2011
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Fernando P. Polack	
5. Manuscript Title A mechanistic ro		on-lambda in asthma exac	erbations mediated by human rh	ninoviruses
6. Manuscript Ide Blue-201108-146	ntifying Number (if you 52OC.R2	know it)	_	

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	✓					×			
						ADD			
2. Consulting fee or honorarium	✓					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	✓					×			
						ADD			
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×			
						ADD			
Payment for writing or reviewing the manuscript	✓					×			
						ADD			
Provision of writing assistance, medicines, equipment, or administrative support	✓					×			



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	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

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1. Board membership	✓					×			
						ADD			
2. Consultancy	✓					×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			
Payment for lectures including service on speakers bureaus	✓					X			
						ADD			
Payment for manuscript preparation	✓					×			

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						ADD			
Patents (planned, pending or issued)	✓					×			
						ADD			
9. Royalties	✓					×			
						ADD			
Payment for development of educational presentations	✓					×			
						ADD			
11. Stock/stock options	✓					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×			
						ADD			
13. Other (err on the side of full disclosure)	✓					×			
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.									
Section 4. Other relationsh	nips								
Are there other relationships or activi potentially influencing, what you wro	ties that		•	to have influenced, or th	at give the appearance of				

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Section 1.	ldentifying Infor	mation					
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1. Grant	✓					×			
						ADD			
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						ADD			
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						ADD			
3. Employment	✓					×			
						ADD			
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						ADD	
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						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
						ADD	
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Section 4. Other relationships							
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						ADD	
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	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
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7. Other		✓					×
							ADD

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Relevant financial activities out	Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					×	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					X	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	
Section 4. Other relationsh	nips _					
Are there other relationships or activ			•	to have influenced, or th	at give the appearance of	

potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

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Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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4. Other relationships.

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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi John	rst Name)	2. Surname (Last Name) Williams		3. Effective Date (07-August-2008) 18-November-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Eva Kathryn Miller	me
5. Manuscript Title A mechanistic ro		on-lambda1 in asthma exac	erbations mediated by hun	nan rhinoviruses
6. Manuscript Ide 201108-1462OC	ntifying Number (if you l .R2	know it)	_	

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Did you or your institution at any time receive payment or services from a third party 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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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	✓					×	
						ADD	
2. Consulting fee or honorarium	✓					×	
						ADD	
Support for travel to meetings for the study or other purposes	✓					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	/					×	
						ADD	
Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	√					×	



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	✓					×	
						ADD	

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Relevant financial activities out	Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership		✓		Quidel	Scientific Advisory Board	×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	✓					X
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	
Section 4. Other relationships						_
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 Infor	mation		
1. Given Name (Fi Vera	rst Name)	2. Surname (Last Name) Wimmenauer	3. Effective 15-Noven	e Date (07-August-2008) nber-2011
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Fernando P. Polack	
5. Manuscript Title A mechanistic ro		on-lambda in asthma exac	erbations mediated by human rhinoviru	ıses
6. Manuscript Idea	ntifying Number (if you 52OC.R2	know it)		

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	✓					×			
						ADD			
2. Consulting fee or honorarium	✓					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	✓					×			
						ADD			
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×			
						ADD			
Payment for writing or reviewing the manuscript	✓					×			
						ADD			
Provision of writing assistance, medicines, equipment, or administrative support	✓					×			
adilinistrative support									



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		✓					×		
							ADD		

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1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					X		
						ADD		
Payment for manuscript preparation	✓					×		

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						ADD			
Patents (planned, pending or issued)	✓					×			
						ADD			
9. Royalties	✓					×			
						ADD			
Payment for development of educational presentations	✓					×			
						ADD			
11. Stock/stock options	✓					×			
						ADD			
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×			
						ADD			
13. Other (err on the side of full disclosure)	✓					×			
						ADD			
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Section 4. Other relationsh									
Other relations	-								
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?									
✓ No other relationships/conditions Yes, the following relationships/conditions					st				

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1. Given Name (Fi Johanna	rst Name)	2. Surname (Last Name) Zea Hernandez	3. Effective Date (07-August-2008) 09-November-2011
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Name Fernando P. Polack
5. Manuscript Title	e		
A mechanistic ro	ole for type III interfero	on-lambda in asthma exace	rbations mediated by human rhinoviruses
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						ADD		
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							ADD	
7. Other		✓					×	
							ADD	

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1. Board membership	✓					×		
						ADD		
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						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					X		
						ADD		
Payment for manuscript preparation	✓					×		

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
						ADD			
Patents (planned, pending or issued)	✓					×			
						ADD			
9. Royalties	✓					X ADD			
Payment for development of educational presentations	✓					X			
·						ADD			
11. Stock/stock options	✓					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×			
						ADD			
13. Other (err on the side of full disclosure)	✓					×			
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.									
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✓ No other relationships/conditions	s/circum	stances th	at present a p	otential conflict of intere	est				
Yes, the following relationships/c	ondition	s/circums	tances are pre	sent (explain below):					
At the time of manuscript acceptance On occasion, journals may ask author	-					ements.			

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