

#### **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 Ann	rst Name)	2. Surname (Last Name) Weinacker		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction A	After Lung Transplantation	
6. Manuscript Idei	ntifying Number (if you	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	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					X	
						ADD	
3. Employment	<b>✓</b>					X	
						ADD	
4. Expert testimony	<b>✓</b>					X	
						ADD	
5. Grants/grants pending	<b>✓</b>					X	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

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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				
						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×			
						ADD			
9. Royalties	<b>✓</b>					×			
						ADD			
Payment for development of educational presentations	<b>✓</b>					×			
						ADD			
11. Stock/stock options	<b>✓</b>					×			
12 T						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×			
						ADD			
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×			
						ADD			
* 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 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  Yes, the following relationships/conditions/circumstances are present (explain below):									

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Jason	2. Surname (Last Name) Christie	3. Effective Date (07-August-2008) 12-April-2012
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Josh Diamond
5. Manuscript Title Variation in PTX3 is Associated With P	rimary Graft Dysfunction A	ofter Lung Transplantation
6. Manuscript Identifying Number (if you	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	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium		<b>✓</b>		GSK	This was a consulting fee for a possible study of sepsis and ALI that had no pertinence to the current work	×			
						ADD			
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×			
						ADD			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					×			
						ADD			
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×			



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			
						ADD			
7. Other	<b>✓</b>					×			
						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	<b>✓</b>					×			
						ADD			
2. Consultancy		<b>✓</b>		GSK	I received a one-time consulting fee from GSK as reported above	×			
						ADD			
3. Employment	<b>✓</b>					X			
						ADD			
4. Expert testimony		<b>✓</b>		various law firms	I have worked as an expert witness in Brake Worker litigation	×			
						ADD			

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<sup>\*\*</sup> Use this section to provide any needed explanation.



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	
5. Grants/grants pending			<b>✓</b>	NIH	I am supported by NHLBI RO1s and have a pending K24	×
5. Grants/grants pending			<b>V</b>	GSK	I participate in a clinical trial in trauma, and will likely participate in an investigator initiated research program funded by GSK	×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD

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Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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1. Given Name (Fi Selim	rst Name)	2. Surname (Last Name) Arcasoy		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction <i>F</i>	After Lung Transplantation	
6. Manuscript Idei	ntifying Number (if you	know it)		

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



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							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	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					×		
						ADD		
3. Employment	<b>✓</b>					×		
						ADD		
4. Expert testimony	<b>✓</b>					×		
						ADD		
5. Grants/grants pending	<b>✓</b>					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

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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
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						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 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 valeties disconfice describition	_ / -:			-++:- f :-+ -f:-+	-4	

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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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	X					AT DIE			
2. Consulting fee or honorarium	,\\\\\					711313			
3. Support for travel to meetings for the study or other purposes	X		\$30000000 \$10000000000000000000000000000			AIDID			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	X					VADIS			
5. Payment for writing or reviewing the manuscript	X					ADD			
Provision of writing assistance, medicines, equipment, or administrative support	X					841282 V			

The Work Under Co	nsideration for Publi	cation				
Type	No	Paid	Money to Your Institution*	Name of Entity	Comme	ints**
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Type of Relationship (in alphabetical order)	No		Money to Your Institution*	Entity	Comments					
1. Board membership	X		Section of the sectio		er allementenskalle fotoben vilkelingen och betyden giver fotoben och den societien	Aibib				
2. Consultancy	X					AIBIB				
3. Employment	<b>X</b>					A(8)8				
4. Expert testimony	X									
5. Grants/grants pending	X					Aleje				
Payment for lectures including service on speakers bureaus	X					(eleft)				
7. Payment for manuscript preparation	¥	THE STATE OF THE S				10.002				

<sup>\*\*</sup> 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				
8. Patents (planned, pending or issued)	X					X See W			
9. Royalties	X		70000000000000000000000000000000000000			6[6]A			
Payment for development of educational presentations	K		Control of the Contro						
11. Stock/stock options	Z					A1919			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	X		5-10-50 mg			APP X			
13. Other (err on the side of full disclosure)	X		To the state of th			Mala. Mala			

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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 Edward	rst Name)	2. Surname (Last Name) Cantu		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the cor	responding author?	Yes No Corresponding Author's Nar Joshua Diamond		me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction A	After Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you	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	<b>✓</b>					×		
						ADD		
2. Consulting fee or honorarium	<b>✓</b>					×		
						ADD		
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×		
						ADD		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×		



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

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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	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
10. Payment for development of educational presentations	<b>✓</b>					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					×	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
* 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	ities that	readers c	ould perceive	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

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**Hide All Table Rows Checked 'No'** 

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#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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Section 1.	Identifying Infor	mation		
1. Given Name (F Maria	irst Name)	2. Surname (Last Name) Crespo		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the co	responding author?	☐ Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Titl Variation in PTX		rimary Graft Dysfunction A	fter Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you	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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>/</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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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	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	✓					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
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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?

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Hide All Table Rows Checked 'No'

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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Section 1. Identifying Infor	mation		
1. Given Name (First Name) Ejigayehu	2. Surname (Last Name) Demissie		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX3 is Associated With P	rimary Graft Dysfunction A	After Lung Transplantation	
6. Manuscript Identifying Number (if you	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			<b>✓</b>	University of Pennsylvania		×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×	
						ADD	



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×	
						ADD	
7. Other	<b>✓</b>					×	
						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	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	<b>✓</b>					×	
						ADD	
5. Grants/grants pending	<b>✓</b>					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	

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<sup>\*\*</sup> Use this section to provide any needed explanation.



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	
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* 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						
Section 4. Other relationsh	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?

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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.

Diamond 1



Section 1.	Identifying Information								
1. Given Name (First Name) Joshua		2. Surname (Last Name) Diamond	3. Effective Date (07-August-2008) 11-April-2012						
4. Are you the cor	responding author?	✓ Yes No							
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction After Lung Transplantation							
6. Manuscript Ide	ntifying Number (if you	know it)							

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

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#### Relevant financial activities outside the submitted work

Diamond 2

<sup>\*\*</sup> 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				

<sup>\*</sup> This means money that your institution received for your efforts.

# 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): 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.

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Diamond 3

<sup>\*\*</sup> 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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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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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 (First Name) Rui	2. Surname (Last Name) Feng	3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author?	☐ Yes 📝 No	Corresponding Author's Name Joshua Diamond
5. Manuscript Title Variation in PTX3 is Associated With P	rimary Graft Dysfunction Afte	er Lung Transplantation
6. Manuscript Identifying Number (if you	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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>/</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> 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
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						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 relationsl	nips					_
Are there other relationships or activ 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

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Hide All Table Rows Checked 'No'

SAVE



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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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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 Steven	rst Name)	2. Surname (Last Name) Kawut		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction <i>F</i>	After Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you	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...)?

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



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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<sup>\*\*</sup> 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
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
*This was a sure of the first o		fau	Caka			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	nips					
A ve the ave other walstier alsies are estimated						

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Hide All Table Rows Checked 'No'

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Vibha	rst Name)	2. Surname (Last Name) Lama		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction A	After Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you	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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	<b>✓</b>					×			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X			
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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				
						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×			
						ADD			
9. Royalties	<b>✓</b>					×			
						ADD			
Payment for development of educational presentations	<b>✓</b>					×			
						ADD			
11. Stock/stock options	<b>✓</b>					×			
						ADD			
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×			
						ADD			
* 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		readers c	•	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): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Information									
		2. Surname (Last Name) Lee		3. Effective Date (07-August-2008) 11-April-2012						
4. Are you the corresponding author?		Yes Vo	Corresponding Author's Na Joshua Diamond	me						
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction <i>F</i>	After Lung Transplantation							
6. Manuscript Ide	ntifying Number (if you	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	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	<b>✓</b>					×			
						ADD			
5. Grants/grants pending	<b>✓</b>					×			
						ADD			
6. Payment for lectures including service on speakers bureaus		<b>✓</b>		Cooper University Hospital Medicine Grand Rounds		×			
						ADD			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> 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				
7. Payment for manuscript preparation	<b>✓</b>					×			
						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×			
						ADD			
9. Royalties	✓					X			
						ADD			
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×			
						ADD			
11. Stock/stock options	✓					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×			
						ADD			
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×			
						ADD			
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.				
Section 4. Other relationsh	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/conditions Yes, the following relationships/co					est				

**Hide All Table Rows Checked 'No'** 

On occasion, journals may ask authors to disclose further information about reported relationships.

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.



#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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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		
		2. Surname (Last Name) Orens		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Nat Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction <i>F</i>	After Lung Transplantation	
6. Manuscript Idei	ntifying Number (if you	know it)		

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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	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant			<b>✓</b>	NIH subcontract		×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	<b>√</b>					X		
						ADD		
4. Expert testimony	<b>√</b>					×		
						ADD		
5. Grants/grants pending			<b>✓</b>	NIH subcontract		×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>		<b>✓</b>		National/international organization meetings		×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

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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		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	<b>✓</b>					×		
						ADD		
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×		
						ADD		
11. Stock/stock options	✓					X		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×		
						ADD		
13. Other (err on the side of full disclosure)	<b>✓</b>					×		
						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	nins –							
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/circumstances that present a potential conflict of interest								

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Hide All Table Rows Checked 'No'

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

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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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 Scott	rst Name)	2. Surname (Last Name) Palmer		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction A	After Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you	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...)?

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



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

# **Section 3.** Relevant financial activities outside the submitted work.

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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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>√</b>					X
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending			<b>/</b>	Roche Organ Transplant Foundation, Biomarker Factory, NIH/NHLBI		×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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	
7. Payment for manuscript preparation	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
		_				ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	<b>√</b>					×
						ADD
11. Stock/stock options	✓					X
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultanc	received sy above t	for your ef :here is no	forts. need to report t	ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
✓ No other relationships/conditions	s/circum	stances th	nat 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						ments.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation		
1. Given Name (F Pali	irst Name)	2. Surname (Last Name) Shah		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author? Yes Volume Yes		☐ Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Titl Variation in PTX		rimary Graft Dysfunction A	fter Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you l	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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication										
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		<b>✓</b>					×			
							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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> 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
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	ancy 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

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Hide All Table Rows Checked 'No'

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Lederer 1



Section 1. Identifying Infor	mation	
Given Name (First Name)  David	2. Surname (Last Name) Lederer	3. Effective Date (07-August-20)
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Joshua Diamond
5. Manuscript Title Variation in PTX3 is Associated With P	rimary Graft Dysfunction A	fter Lung Transplantation
6. Manuscript Identifying Number (if you	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			<b>✓</b>	NIH (subcontract from the University of Pennsylvania)		×		
						ADD		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

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Lederer 2

<sup>\*\*</sup> 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			
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			
1. Board membership		<b>✓</b>		Immuneworks	Advisory Board	×		
						ADD		
2. Consultancy		✓		Immuneworks		×		
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.			
Section 4. Other relationsh	nips							
potentially influencing, what you wro	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):								
At the time of manuscript acceptance On occasion, journals may ask author						ments.		

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

**Show All Table Rows** 

**SAVE** 

Lederer 3



#### **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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## 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 Sangeeta	rst Name)	2. Surname (Last Name) Bhorade		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction A	fter Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you	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	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						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	nins –					
Other relations		,				
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of	f
✓ No other relationships/condition:	s/circum	stances th	nat present a po	otential conflict of intere	st	

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Hide All Table Rows Checked 'No'

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

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Section 1.	Identifying Infor	mation		
1. Given Name (F Keith	irst Name)	2. Surname (Last Name) Wille		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the co	rresponding author?	Yes ✓ No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Titl Variation in PTX		rimary Graft Dysfunction Af	ter Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you l	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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	✓					×	
						ADD	
10. Payment for development of educational presentations	<b>✓</b>					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×	
						ADD	
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.		
Section 4. Other relationsh	ips						
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of		
✓ No other relationships/conditions	:/circum	stances th	nat present a po	otential conflict of intere	st		
Yes, the following relationships/co							

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Nuala	irst Name)	2. Surname (Last Name) Meyer		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the cor	responding author?	☐ Yes 📝 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Titl Variation in PTX		rimary Graft Dysfunction A	fter Lung Transplantation	
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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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							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	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	<b>✓</b>					×	
						ADD	
5. Grants/grants pending	<b>✓</b>					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

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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
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						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 activity potentially influencing, what you wro			•	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

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Hide All Table Rows Checked 'No'

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Wilkes 1

Given Name (First Name)  David	<ol><li>Surname (Last Name)</li><li>Wilkes</li></ol>	3. Effective Date (07-August-2008 11-April-2012
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Joshua Diamond
5. Manuscript Title Variation in PTX3 is Associated With F	Primary Graft Dysfunction	After Lung Transplantation

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

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#### Relevant financial activities outside the submitted work

Wilkes 2

<sup>\*\*</sup> Use this section to provide any needed explanation.



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	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership		<b>✓</b>		ImmuneWorks Inc.	co-founder and chief science officer	×
						ADD
2. Consultancy		✓		as above		×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>		<b>✓</b>		as above		×
						ADD
9. Royalties		<b>✓</b>		as above		×
						ADD
11. Stock/stock options		<b>✓</b>		as above		X
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	Itancy on this line	
roi example, il you report a consultand	y above t	nere is no	need to report t	raver related to that consu	italicy off this line.	
Section 4. Other relationsh	ips					
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	nat give the appearance of	
✓ No other relationships/conditions	circum:	stances th	nat present a p	otential conflict of intere	est	
Yes, the following relationships/co	ondition	s/circums	tances are pre	sent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask author					•	ements.

Wilkes 3

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#### **Evaluation and Feedback**

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Wilkes 4



#### **Instructions**

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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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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 Rupal	rst Name)	2. Surname (Last Name) Shah		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction <i>F</i>	After Lung Transplantation	
6. Manuscript Idei	ntifying Number (if you	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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



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

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

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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				
						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×			
						ADD			
9. Royalties	✓					×			
						ADD			
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×			
						ADD			
11. Stock/stock options	<b>✓</b>					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×			
						ADD			
13. Other (err on the side of full disclosure)	<b>✓</b>					×			
						ADD			
* 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 _								
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Melanie	. Given Name (First Name)  2. Surname (Last Name)  Melanie  Rushefski			3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author? Yes ✓ No		Yes ✓ No	Corresponding Author's Name Joshua Diamond	
5. Manuscript Titl Variation in PTX		rimary Graft Dysfunction A	ter Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you l	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	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×			



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							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	<b>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	<b>✓</b>					×			
						ADD			
5. Grants/grants pending	<b>✓</b>					×			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			

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						ADD				
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×				
						ADD				
9. Royalties	<b>✓</b>					×				
						ADD				
Payment for development of educational presentations	<b>✓</b>					×				
						ADD				
11. Stock/stock options	<b>✓</b>					×				
						ADD				
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×				
						ADD				
13. Other (err on the side of full disclosure)	<b>✓</b>					×				
						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 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	:/circum	stances th	nat present a po	otential conflict of intere	st					
Yes, the following relationships/co										

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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 (First Name)  Joshua  2. Surname (Last Name)  Sonett			3. Effective Date (07-August-2008) 11-April-2012	
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Title Variation in PTX		rimary Graft Dysfunction <i>F</i>	After Lung Transplantation	
6. Manuscript Idei	ntifying Number (if you	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	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			



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

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Relevant financial activities outside the submitted work									
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1. Board membership	<b>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	<b>✓</b>					×			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X			
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×			
						ADD			
9. Royalties	<b>✓</b>					×			
						ADD			
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×			
						ADD			
11. Stock/stock options	<b>✓</b>					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×			
						ADD			
13. Other (err on the side of full disclosure)	<b>✓</b>					×			
* This means money that your institution						ADD			
** 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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Hide All Table Rows Checked 'No'

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6. Manuscript Ide	ntifying 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 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 t	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							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 outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					X	
						ADD	
4. Expert testimony	<b>√</b>					×	
						ADD	
5. Grants/grants pending			<b>✓</b>	NIH		×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work				
Type of Relationship (in alphabetical order)	No No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
10. Payment for development of educational presentations	<b>✓</b>					×	
						ADD	
11. Stock/stock options	✓					×	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					ADD X	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
						ADD	
* 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	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	s/circum	stances th	at present a po	otential conflict of intere	st		
Yes, the following relationships/conditions/circumstances are present (explain below):							

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.

Hide All Table Rows Checked 'No'

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#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



#### **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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

### 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.

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.

## 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 David	irst Name)	2. Surname (Last Name) Weill		3. Effective Date (07-August-2008) 11-April-2012
4. Are you the corresponding author? Yes Volume Yes		Yes ✓ No	Corresponding Author's Na Joshua Diamond	me
5. Manuscript Titl Variation in PTX		rimary Graft Dysfunction A	fter Lung Transplantation	
6. Manuscript Ide	ntifying Number (if you l	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	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>/</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	<b>✓</b>					×	
						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 outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					X	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
* 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				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):

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.

Hide All Table Rows Checked 'No'

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