

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Soo Jung	2. Surname (Last Name) Cho	3. Date 24-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rosas
5. Manuscript Title Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with Enhanced Macrophage NLRP3 Inflammasome Activation		
6. Manuscript Identifying Number (if you know it) Red-2015-0222OC.R2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Cho has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Augustine MK

2. Surname (Last Name)
Choi

3. Date
29-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rosas

5. Manuscript Title
Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with NLRP3 Inflammasome Activation

6. Manuscript Identifying Number (if you know it)
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Dr. Choi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Chu	3. Date 22-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rosas
5. Manuscript Title Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with NLRP3 Inflammasome Activation		
6. Manuscript Identifying Number (if you know it) 2015-02220C		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Souheil

2. Surname (Last Name)
El-Chemaly

3. Date
24-February-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rosas

5. Manuscript Title
Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with Enhanced Macrophage NLRP3 Inflammasome Activation

6. Manuscript Identifying Number (if you know it)
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Dr. El-Chemaly has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dana

2. Surname (Last Name)
Mitzel

3. Date
26-February-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Rosas

5. Manuscript Title
Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with Enhanced Macrophage NLRP3 Inflammasome Activation

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lovelace Respiratory Research Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Mitzel reports grants from Lovelace Respiratory Research Institute, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Ivan

2. Surname (Last Name)

Rosas

3. Date

28-March-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with NLRP3 Inflammasome Activation

6. Manuscript Identifying Number (if you know it)

Red-2015-0222OC.R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 1. Identifying Information

1. Given Name (First Name)
Stefan

2. Surname (Last Name)
Ryter

3. Date
24-February-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Rosas

5. Manuscript Title
Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with Enhanced Macrophage NLRP3 Inflammasome Activation

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

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Dr. Ryter has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Heather

2. Surname (Last Name) Stout-Delgado

3. Date 25-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Rosas

5. Manuscript Title Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with Enhanced Macrophage NLRP3 Inflammasome Activation

6. Manuscript Identifying Number (if you know it) Red-2015-0222OC.R2

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant numbers: K01AG034999 and NIH R21AG044755

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Dr. Stout-Delgado reports grants from National Institutes of Health, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Julian	2. Surname (Last Name) Villalba	3. Date 24-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rosas
5. Manuscript Title Age-Dependent Susceptibility to Pulmonary Fibrosis is Associated with Enhanced Macrophage NLRP3 Inflammasome Activation		
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