

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Abdalla	3. Date 02-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title "Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice"		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC		

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

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Dr. Abdalla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Minara

2. Surname (Last Name)
Aliyeva

3. Date
28-October-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yvonne Janssen-Heininger

5. Manuscript Title
Ablation of the Thiol Transferase, Glutaredoxin-1, Augments Protein S-glutathionylation And Modulates Type 2 Inflammatory Responses and IL-17 in a House Dust Mite Model of Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)
White-201510-656MG

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Dr. Aliyeva 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)
Vikas

2. Surname (Last Name)
Anathy

3. Date
31-August-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Yvonne Janssen-Heininger

5. Manuscript Title
Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)
Red-2015-0401OC

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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
University of Vermont	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH SBIR

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University of Vermont	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH-SBIR, Co-investigator salary

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
WO2008154012 A3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Celllara Medical LLC	

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Dr. Anathy reports grants from University of Vermont, during the conduct of the study; grants from University of Vermont, outside the submitted work; In addition, Dr. Anathy has a patent WO2008154012 A3 licensed to Celllara Medical LLC.

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Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Ather

3. Date

31-August-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yvonne Janssen-Heininger

5. Manuscript Title

Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

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Section 1. Identifying Information

1. Given Name (First Name) David 2. Surname (Last Name) Chapman 3. Date 26-August-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Yvonne Janssen-Heininger

5. Manuscript Title
Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01 HL085464 and HL060014

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Dr. Chapman reports grants from NIH, during the conduct of the study; .

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shi Biao	2. Surname (Last Name) Chia	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC.R1		

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

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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. Chia 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)
Nirav

2. Surname (Last Name)
Daphtary

3. Date
02-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)
2015-04010C

Section 2. The Work Under Consideration for Publication

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Dr. Daphtary has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anne 2. Surname (Last Name) Dixon 3. Date 31-August-2016

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

5. Manuscript Title
Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)
Red-2015-0401OC.R1

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Served on DSMB

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Served on DSMB

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Dixon reports grants from NIH, during the conduct of the study; grants from NIH, grants from Pfizer, other from Roche, other from Boehringer Ingelheim, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ye-Shih

2. Surname (Last Name)

Ho

3. Date

28-August-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)

Red-2015-0401OC.R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sidra	2. Surname (Last Name) Hoffman	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title "Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice"		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC		

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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) Charles	2. Surname (Last Name) Irvin	3. Date 30-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janssen-Heininger, Yvonne
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC.R1		

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

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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 6. Disclosure Statement

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CGI does not have any relevant conflicts of interest regarding this study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yvonne

2. Surname (Last Name)

Janssen-Heininger

3. Date

31-August-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

ABLATION OF GLUTAREDOXIN-1 MODULATES HOUSE DUST MITE-INDUCED ALLERGIC AIRWAYS DISEASE IN MICE

6. Manuscript Identifying Number (if you know it)

Red-2015-0401OC (AJRCMB)

Section 2. The Work Under Consideration for Publication

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH grant HL060014

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

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
United States Patent No. 8,679,811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 5. Relationships not covered above

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Dr. Janssen-Heininger reports grants from NIH, during the conduct of the study; In addition, Dr. Janssen-Heininger has a patent United States Patent No. 8,679,811 issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jane

2. Surname (Last Name)

Jones

3. Date

02-September-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yvonne Janssen-heininger

5. Manuscript Title

Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)

Red-2015-0401OC

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Dr. Jones has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Karolyn	2. Surname (Last Name) Lahue	3. Date 29-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xi Qian
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC		

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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Dr. Lahue 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)

Lennart

2. Surname (Last Name)

Lundblad

3. Date

26-August-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)

Red-2015-0401OC.R1

Section 2. The Work Under Consideration for Publication

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Dr. Lundblad 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) David	2. Surname (Last Name) McMillan	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. McMillan has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

James

2. Surname (Last Name)

Nolin

3. Date

26-August-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Yvonne Janssen-Heininger

5. Manuscript Title

Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)

Red-2015-0401OC

Section 2. The Work Under Consideration for Publication

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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

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Dr. Nolin has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Poynter	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC.R1		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Poynter has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xi	2. Surname (Last Name) Qian	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne M.W. Janssen-Heininger
5. Manuscript Title ABLATION OF GLUTAREDOXIN-1 MODULATES HOUSE DUST MITE-INDUCED ALLERGIC AIRWAYS DISEASE IN MICE		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC.R1		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Qian 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) Matthew	2. Surname (Last Name) Randall	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC		

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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

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

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Dr. Randall 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)
Niki

2. Surname (Last Name)
Reynaert

3. Date
29-August-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Janssen-Heininger, Yvonne M. W.

5. Manuscript Title
Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice

6. Manuscript Identifying Number (if you know it)
Red-2015-0401OC.R1

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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

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
TREATMENTS INVOLVING GLUTAREDOXINS AND SIMILAR AGENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Reynaert reports a patent TREATMENTS INVOLVING GLUTAREDOXINS AND SIMILAR AGENTS pending.

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

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

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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) Robert	2. Surname (Last Name) Schneider	3. Date 31-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger, PhD
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC.R1		

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.

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 publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Schneider has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Douglas	2. Surname (Last Name) Taatjes	3. Date 29-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC		

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.

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 publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Taatjes has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Albert	2. Surname (Last Name) van der Vliet	3. Date 26-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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 publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. 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.

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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Emiel	2. Surname (Last Name) Wouters	3. Effective Date (07-August-2008) 31-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xi Qian
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates House Dust Mite-induced Allergic Airways Disease in Mice.		
6. Manuscript Identifying Number (if you know it) Red-2015-0401OC.R1		

Section 2. The Work Under Consideration for Publication

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

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

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nycomed		X
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boehringer		X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca		X
5. Grants/grants pending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GSK		X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca		X

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GSK		×
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis		×
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chiesi		×
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Takeda		×
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Hide All Table Rows Checked 'No'

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