

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.

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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

Abdalla 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Sarah	rst Name)	2. Surname (Last Name) Abdalla	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 Glut		House Dust Mite-induced	Allergic Airways Disease in Mice
6. Manuscript Ider Red-2015-0401C	ntifying Number (if you kr OC	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Abdalla 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
	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.		
Section 6.	Disclosure Statement		
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Abdalla has ı	nothing to disclose.		

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Aliyeva 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Minara	rst Name)	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
	hiol Transferase, Gluta	_	ein S-glutathionylation And Modulates Type 2 Allergic Airways Disease in Mice
	ntifying Number (if you kn		<u> </u>
			-
Section 2.	The Work Under Co	onsideration for Public	ation
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of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ihts
Do you have any			oadly relevant to the work? Yes V No

Aliyeva 2



Section 5.		
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Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.	Identifying Inform	nation	
1. Given Name (Fi Vikas	rst Name)	2. Surname (Last Name Anathy	3. Date 31-August-2016
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glute		House Dust Mite-induce	ed Allergic Airways Disease in Mice
6. Manuscript Ide Red-2015-04010	ntifying Number (if you kr OC	now it)	
Costion 2			
Section 2.	The Work Under C	onsideration for Pub	olication
any aspect of the s statistical analysis, Are there any rel If yes, please fill of	submitted work (including etc.)? levant conflicts of intere out the appropriate info be removed by pressin	g but not limited to grants, est? Yes No ormation below. If you h g the "X" button.	om a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation, be have more than one entity press the "ADD" button to add a row. Non-Financial Other? Comments
	,	Fees?	Support?
University of Vermon	nt	✓	NIH SBIR
Section 3.	Relevant financial	activities outside th	e submitted work.
of compensation clicking the "Add Are there any rel	n) with entities as descr	ibed in the instructions. port relationships that vest?	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .
Name of Entity		Fees?	Non-Financial Other? Comments
Jniversity of Vermon	nt	✓	NIH-SBIR, Co-investigator salary



Section 4. Intellectual	Property Patent	s & Copyrights			
Do you have any patents, wheth If yes, please fill out the appropi Excess rows can be removed by	riate information belo	ow. If you have more th			a row.
Patent?	Pending? Issued?	Licensed Royalties	? Licensee?	Comments	
WO2008154012 A3		V	Celldara Medical LLC		
Section 5. Relationshi	ps not covered ab	OVA			
Are there other relationships or potentially influencing, what you Yes, the following relationships or No other relationships/conductionships/	activities that readers ou wrote in the submi nips/conditions/circur litions/circumstances otance, journals will a outhors to disclose fur	s could perceive to hav tted work? mstances are present (e that present a potentia sk authors to confirm a	explain below): al conflict of intere nd, if necessary, up	st odate their disclosure state	ments.
Based on the above disclosures, below. Dr. Anathy reports grants from	, this form will autom University of Vermon	it, during the conduct o	of the study; grants	s from University of Vermo	
outside the submitted work; In	addition, Dr. Anathy	has a patent WO20081	54012 A3 licensed	to Celldara Medical LLC.	



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Ather 1



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1. Given Name (Fi Jennifer	rst Name)	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 Gluta		House Dust Mite-induced <i>F</i>	Allergic Airways Disease in Mice
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Ather 2



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Chapman 1



Section 1.	Identifying Inform	nation			
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4. Are you the corresponding author?		☐ Yes ✓ No	-	ng Author's Name ssen-Heininger	
5. Manuscript Title Ablation of Gluta		House Dust Mite-induce	ed Allergic Airway	s Disease in Mice	
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any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	y but not limited to grants est? ✓ Yes	, data monitoring k	overnment, commercial, private poard, study design, manuscript one entity press the "ADD" bu	preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
NIH		✓		R01 HL085464 and HL0	060014
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Section 3.	Relevant financial	activities outside th	e submitted w	ork.	
of compensation clicking the "Add Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere	ibed in the instructions port relationships that v est? Yes 🗸 No	. Use one line for were present du o	e financial relationships (reg each entity; add as many lin r ing the 36 months prior to	es as you need by
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Do you have any	patents, whether plan	ned, pending or issued	, broadly relevan	t to the work? Yes	No

Chapman 2



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Cartinuc	
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Dr. Chapman re	ports grants from NIH, during the conduct of the study; .

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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

Chia 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Shi Biao	rst Name)	2. Surname (Last Name) Chia	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 Gluta		House Dust Mite-induced <i>F</i>	Allergic Airways Disease in Mice
6. Manuscript Ider Red-2015-0401C	ntifying Number (if you kr OC.R1	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	yhts
Do you have any			oadly relevant to the work? Yes V No

Chia 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Chia has noth	ning to disclose.

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Chia 3



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Daphtary 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Nirav	rst Name)	2. Surname (Last Name) Daphtary		3. Date 02-September-2016
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Ablation of Gluta		ouse Dust Mite-induced Allergi	c Airways Disease in	Mice
6. Manuscript Ider 2015-0401OC	ntifying Number (if you kn	ow it)		
	ı			
Section 2.	The Work Under Co	nsideration for Publication	1	
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 subm	itted 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 Yes No				
Soction 4				
Section 4.	Intellectual Proper	ty Patents & Copyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Daphtary 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Dr. Daphtary ha	s nothing to disclose.

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Daphtary 3



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

Dixon 1



Section 1. Identifying Inform	nation		
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	or's Name
5. Manuscript Title Ablation of Glutaredoxin-1 Modulates	House Dust Mite-induced /	Allergic Airways Disea	ase in Mice
6. Manuscript Identifying Number (if you k Red-2015-0401OC.R1	now it)		
		_	
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of inter	est? 🗸 Yes 🗌 No		
If yes, please fill out the appropriate inf Excess rows can be removed by pressir		ve more than one ent	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
NIH	7		
Section 3. Relevant financial	activities outside the s	submitted work.	
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Name of Entity	Grant	n-Financial upport?	Comments
NIH	✓		
Pfizer	✓		
Roche			Served on DSMB

Dixon 2



Name of Entity	Grant? Personal Fees?	Non-Financial Other	Comments	
Boehringer Ingelheim			Served on DSMB	
Coation A				
Section 4. Intellectual Propert	y Patents & Copy	yrights		
Do you have any patents, whether plann	ed, pending or issued	, broadly relevant to the	e work? ☐ Yes ✓ No	
Section 5. Relationships not c	overed above			
Are there other relationships or activities potentially influencing, what you wrote i	•		ed, or that give the appearance of	
Yes, the following relationships/cond	litions/circumstances	are present (explain be	low):	
✓ No other relationships/conditions/cir	cumstances that pres	ent a potential conflict	of interest	
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.				
Section 6. Disclosure Stateme	nt			
Based on the above disclosures, this form below.		enerate a disclosure stat	rement, which will appear in the box	
Dr. Dixon reports grants from NIH, during other from Boehringer Ingelheim, outside	•	,	grants from Pfizer, other from Roche,	

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

Ho 1



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 Gluta		House Dust Mite-induced A	allergic Airways Disease in Mice	
6. Manuscript Ider Red-2015-0401C	ntifying Number (if you kr OC.R1	now it)	-	
Section 2.	The Work Under C	onsideration for Public	ation	
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.	Delevent finencial		ما المسالم عند المسالم	
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Ho 2



Section 5.	
	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Hoffman 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Sidra	rst Name)	2. Surname (Last Name) Hoffman	3. Date 26-August-2017	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger	
5. Manuscript Title "Ablation of Glut		House Dust Mite-induced	Allergic Airways Disease in Mice"	
6. Manuscript Ide Red-2015-04010	ntifying Number (if you kr OC	now it)	_	
Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Hoffman 2



Section 5.	
Section 5.	Relationships not covered above
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Hoffman 3



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

Irvin 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Charles	2. Surname (Last Name) Irvin	3. Date 30-August-2016		
4. Are you the corresponding author?	☐ Yes ✓ 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 k Red-2015-0401OC.R1	now it)			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Irvin 2



Section 5.	
Section 5.	Relationships not covered above
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Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
CGI does not have	e any relevant conflicts of interest regarding this study.

Evaluation and Feedback

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Irvin 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 six parts.

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Relationships not covered above.

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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

Janssen-Heininger 1



Section 1. Identifying Inform	ation			
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 MODU	ILATES HOUSE DUST MITE-INDU	CED ALLERGIC AIRWAYS DISEASE IN MICE		
6. Manuscript Identifying Number (if you kr Red-2015-0401OC (AJRCMB)	now it)			
Section 2. The Work Under C				
The Work Under Co	onsideration 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				
· ·		e than one entity press the "ADD" button to add a row.		
Excess rows can be removed by pressing	•	than one entry press the 7125 sucton to dud a row.		
Name of Institution/Company	Grant? Personal Non-Final Fees? Suppor	Other Comments		
NIH		NIH grant HL060014		
Section 3. Polovant financial	activities outside the submi	ttod work		
Relevant Illiancial	activities outside the submi	tted 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 Vo				
Section 4. Intellectual Proper	ty Patents & Copyrights			
Do you have any patents, whether plan If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation below. If you have more	relevant to the work? Yes No e than one entity press the "ADD" button to add a row.		

Janssen-Heininger 2



Patent?	Pending?	Issued?	Licensed ?	Royalties?	Licensee?	Comments	
United States Patent No. 8,679,811		√					
Section 5. Relationsh	nips not cove	red abo	ove				
Are there other relationships of potentially influencing, what y				eive to have	influenced, or tha	at give the appearance of	
Yes, the following relations	ships/condition	ns/circun	nstances are	e present (ex	plain below):		
✓ No other relationships/con	ditions/circum	stances	that presen	t a potential	conflict of interes	st	
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.							
Section 6. Disclosure	Statement						
Based on the above disclosure below.	s, this form wil	l automa	atically gene	erate a disclo	sure statement, v	which will appear in the box	
Dr. Janssen-Heininger reports patent United States Patent N			ng the cond	uct of the stu	udy; In addition, [Dr. Janssen-Heininger has a	

Evaluation and Feedback

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Janssen-Heininger 3



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Jones 1



Section 1. Identifying Inform	nation			
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 I	House Dust Mite-induced	Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you k Red-2015-0401OC	now it)			
Section 2. The Work Under C	onsideration for Public	cation		
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 Vo				
Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Jones 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Royalties: Funds are coming in to you or your institution due to your patent

Lahue 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Karolyn	rst Name)	2. Surname (Last Name) Lahue		3. Date 29-August-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar	me
5. Manuscript Title Ablation of Gluta		House Dust Mite-induced <i>F</i>	Allergic Airways Disease in N	лисе Лісе
6. Manuscript Ider Red-2015-0401C	ntifying Number (if you kr OC	now it)		
Section 2.	The Work Under C	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, cor ta monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No

Lahue 2



Section 5.	
occuron or	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Lahue has no	othing to disclose.

Evaluation and Feedback

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Lahue 3



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Lundblad 1



Section 1. Ide	entifying Information	n		
1. Given Name (First Na Lennart	•	iurname (Last Name) ndblad		3. Date 26-August-2016
4. Are you the correspo	nding author?	Yes 🗸 No	Corresponding Author's Name	e
5. Manuscript Title Ablation of Glutaredo	oxin-1 Modulates House	Dust Mite-induced A	llergic Airways Disease in Mi	ice
6. Manuscript Identifyir Red-2015-0401OC.R1	ng Number (if you know it)			
Section 2. The	e Work Under Consid	deration for Public	ation	
	tted work (including but n		a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3. Rel	evant financial activ	rities outside the s	ubmitted 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 Vo				
Section 4.				
Interest	ellectual Property	Patents & Copyrig	hts	
Do you have any pate	ents, whether planned, p	pending or issued, bro	oadly relevant to the work?	☐ Yes 🗸 No

Lundblad 2



Section 5. Relationships not covered above
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
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Dr. Lundblad has nothing to disclose.

Evaluation and Feedback

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Lundblad 3



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McMillan 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir David	rst Name)	2. Surname (Last Name) McMillan	3. Date 26-August-2016	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger	
5. Manuscript Title Ablation of Gluta		House Dust Mite-induced A	Allergic Airways Disease in Mice	
6. Manuscript Ider Red-2015-04010	ntifying Number (if you kn IC	ow it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No	

McMillan 2



Section 5.	
Section 5.	Relationships not covered above
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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

Nolin 1



Section 1. Identifying Inform	nation			
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 I	House Dust Mite-induced	Allergic Airways Disease in Mice		
6. Manuscript Identifying Number (if you k Red-2015-0401OC	now it)			
Section 2. The Work Under C	onsideration for Public	cation		
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
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 V No				
Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Nolin 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of name of name of the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the aborbelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Nolin has noth	hing to disclose.

Evaluation and Feedback

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Nolin 3



Instructions

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

Poynter 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Matthew	rst Name)	2. Surname (Last Name) Poynter	3. Date 26-August-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Gluta		House Dust Mite-induced <i>F</i>	Allergic Airways Disease in Mice
6. Manuscript Ider Red-2015-04010	ntifying Number (if you kr OC.R1	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Poynter 2



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Poynter has	nothing to disclose.

Evaluation and Feedback

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Poynter 3



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Qian 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Xi	2. Surname (Last Name) Qian	3. Date 26-August-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Yvonne M.W. Janssen-Heininger	
5. Manuscript Title ABLATION OF GLUTAREDOXIN-1 MOD	ULATES HOUSE DUST MITE	-INDUCED ALLERGIC AIRWAYS DISEASE IN MICE	
6. Manuscript Identifying Number (if you k Red-2015-0401OC.R1	now it)		
Section 2. The Work Under C	Consideration for Public	cation	
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 Vo			
Section 3. Relevant financial	activities outside the s	submitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Qian 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
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Qian 3



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Randall 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Matthew	. , ,	2. Surname (Last Name) Randall	3. Date 26-August-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Gluta		House Dust Mite-induced <i>I</i>	Allergic Airways Disease in Mice
6. Manuscript Ide Red-2015-0401C	ntifying Number (if you kr OC	now it)	
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Section 3.	Relevant financial	activities outside the s	submitted work.
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Section 4.	Intellectual Drawe	utv. Potovite 9 Commis	مغماد
	intellectual Propei	rty Patents & Copyric	gnts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V			

Randall 2



Section 5.	
Section 5.	Relationships not covered above
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Dr. Randall has r	nothing to disclose.

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Randall 3



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Reynaert 1



Section 1. Identifying				
Identifying	Information			
1. Given Name (First Name) Niki	2. Surname (Last Name) Reynaert	3. Date 29-August-2016		
4. Are you the corresponding auth	or? Yes 🗸 No	Corresponding Author's Name Janssen-Heininger, Yvonne M. W.		
5. Manuscript Title Ablation of Glutaredoxin-1 Mod	dulates House Dust Mite-induced	Allergic Airways Disease in Mice		
6. Manuscript Identifying Number Red-2015-0401OC.R1	(if you know it)			
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Section 4. Intellectual	Property Patents & Copyri	ghts		
, , , , , , , , , , , , , , , , , , , ,		roadly relevant to the work? Yes No No No No Ye more than one entity press the "ADD" button to add a row.		
Patent?	Pending? Issued? Licensed?	Royalties? Licensee? Comments		
FREATMENTS INVOLVING GLUTAREDOXINS AND SIMILAR AGENTS				

Reynaert 2



Section 5. Relationships not sovered above
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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Sortion 6
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.

Evaluation and Feedback

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Reynaert 3



Instructions

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

Schneider 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Robert	rst Name)	2. Surname (Last Name) Schneider	3. Date 31-August-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger, PhD
5. Manuscript Title Ablation of Gluta		House Dust Mite-induced /	Allergic Airways Disease in Mice
6. Manuscript Ide Red-2015-04010	ntifying Number (if you kr OC.R1	now it)	_
	ı		
Section 2.	The Work Under C	onsideration for Public	cation
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 s	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 Vo			
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Schneider 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Schneider ha	as 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.

Schneider 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 six parts.

Identifying information.

The work under consideration for publication.

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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.

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

Taatjes 1



Section 1.	Identifying Inform	ation	
Given Name (First Douglas	t Name)	2. Surname (Last Name) Taatjes	3. Date 29-August-2016
4. Are you the corre	sponding author?	Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Glutar	edoxin-1 Modulates H	louse Dust Mite-induced <i>F</i>	Allergic Airways Disease in Mice
6. Manuscript Ident Red-2015-0401OC	ifying Number (if you kn	ow it)	
Section 2.	The Work Under Co	onsideration for Public	ation
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 Vo			
Section 3.	Relevant financial	activities outside the s	ubmitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any p	patents, whether plans	ned, pending or issued, br	oadly relevant to the work? Yes V No

Taatjes 2



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Taatjes has n	othing to disclose.

Evaluation and Feedback

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Taatjes 3



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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

van der Vliet 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Albert	rst Name)	2. Surname (Last Name) van der Vliet	3. Date 26-August-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Yvonne Janssen-Heininger
5. Manuscript Title Ablation of Gluta		House Dust Mite-induced A	Allergic Airways Disease in Mice
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
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 Vo			
Section 3.	Relevant financial	activities outside the s	submitted work.
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

van der Vliet 2



Section 5. Polationships not sovered above						
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?						
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Section 6. Disclosure Statement						
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van der Vliet 3



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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.

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.



Section 1.	Identifying Infor	mation		
1. Given Name (First Name) 2. Surname Emiel Wouters		2. Surname (Last Name) Wouters		3. Effective Date (07-August-2008) 31-August-2016
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na Xi Qian	nme
5. Manuscript Title Ablation of Glute		House Dust Mite-induced	Allergic Airways Disease in	Mice.
6. Manuscript Ide Red-2015-04010	ntifying Number (if you l OC.R1	know it)	_	

Section 2. The Work Under Consideration for Publication

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

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

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



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

Section 3. Relevant financial activities outside the submitted work.

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

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

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

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

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



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Payment for lectures including service on speakers bureaus		✓		GSK		×
Payment for lectures including service on speakers bureaus		✓		Novartis		×
Payment for lectures including service on speakers bureaus		✓		Chiesi		×
Payment for lectures including service on speakers bureaus		✓		Takeda		×
						ADD
Payment for manuscript preparation	√					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						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						
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?						
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest						
Yes, the following relationships/conditions/circumstances are present (explain below):							
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.						
	Hide All Table Rows Checked 'No'						

Evaluation and Feedback

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