



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

MARTIN

2. Surname (Last Name)

ZAMORA

3. Date

9/25/17

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Pharmacologic Protection of Mitochondrial DNA Integrity May Afford a New Strategy for Suppressing Lung Ischemia Reperfusion Injury

6. Manuscript Identifying Number (if you know it)

White - 201706 - 438MG, R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

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Are there any relevant conflicts of interest?

Yes

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Section 4. Intellectual Property -- Patents & Copyrights

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Yes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Gillespie

3. Date
28-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pharmacologic Protection of Mitochondrial DNA Integrity May Afford a New Strategy for Suppressing Lung Ischemia-Reperfusion Injury

6. Manuscript Identifying Number (if you know it)
White-201706-438MG.R2

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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 |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| Exscien Corp. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Co-owner of Exscien Corp, a start-up biotech company that produced an experimental drug used in preliminary studies. |

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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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 |
|-----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------|--|
| US 9,404,102 B2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | University of South Alabama is patent holder; MNG is co-inventor |

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Dr. Gillespie reports other from Exscien Corp., outside the submitted work; In addition, Dr. Gillespie has a patent US 9,404,102 B2 issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jon

2. Surname (Last Name)

Simmons

3. Date

25-September-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mark Gillespie

5. Manuscript Title

Pharmacologic Protection of Mitochondrial DNA Integrity May Afford a New Strategy for Suppressing Lung Ischemia-Reperfusion Injury

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Dr. Simmons has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Tiago | 2. Surname (Last Name) Machuca | 3. Date 22-September-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Mark Gillespie |
| 5. Manuscript Title Pharmacologic Protection of Mitochondrial DNA Integrity May Afford a New Strategy for Suppressing Lung Ischemia-Reperfusion Injury | | |
| 6. Manuscript Identifying Number (if you know it) White-201706-438MG.R2 | | |

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| | | |
|---|---|---|
| 1. Given Name (First Name) Sujata | 2. Surname (Last Name) Mulekar | 3. Date 22-September-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Mark Gillespie |
| 5. Manuscript Title Pharmacologic Protection of Mitochondrial DNA Integrity May Afford a New Strategy for Suppressing Lung Ischemia-Reperfusion Injury | | |
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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Olena | 2. Surname (Last Name) Gorodnya | 3. Date 01-September-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Mark N. Gillespie, PhD |
| 5. Manuscript Title Pharmacologic Protection of Mitochondrial DNA Integrity May Afford a New Strategy for Suppressing Lung Ischemia-Reperfusion Injury | | |
| 6. Manuscript Identifying Number (if you know it) White-201706-438MG.R2 | | |

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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

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Section 6. Disclosure Statement

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Olena Gorodnya has nothing to disclose.

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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.

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".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Weyant

3. Date
25-September-2017

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

5. Manuscript Title
Pharmacologic Protection of Mitochondrial DNA Integrity May Afford a New Strategy for Suppressing Lung Ischemia-Reperfusion Injury

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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 South Alabama | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Weyant reports grants from University of South Alabama, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Yong

2. Surname (Last Name)
Tan

3. Date
01-September-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mark N. Gillespie, PhD

5. Manuscript Title
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