



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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".

#### 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.

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**Pending:** The patent has been filed but not issued

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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)  
Mike

2. Surname (Last Name)  
Bamshad

3. Date  
03-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Progression of lung disease in cystic fibrosis associated with variation in genes for cilia proteins

6. Manuscript Identifying Number (if you know it)  
White-201706-4510C

### 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
University of Washington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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



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Dr. Bamshad reports grants from University of Washington, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kathleen

2. Surname (Last Name)  
Barnes

3. Date  
11-December-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Michael Bamshad

5. Manuscript Title

Variation in cilia protein genes and progression of lung disease in cystic fibrosis

6. Manuscript Identifying Number (if you know it)

White-201706-451OC.R2

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Are there any relevant conflicts of interest?  Yes  No

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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"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Up-To-Date	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Illumina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017 ASHG Panelist Honorarium



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Dr. Barnes reports grants from NIH during the conduct of the study; personal fees from Up-To-Date, personal fees from Illumina, outside the submitted work.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Elizabeth

2. Surname (Last Name)  
Blue

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Michael Bamshad

5. Manuscript Title

Variation in cilia protein genes and progression of lung disease in cystic fibrosis

6. Manuscript Identifying Number (if you know it)

White-201706-451OC.R2

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cystic Fibrosis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some authors and data were supported by grants from the CFF: GIBSON07K0, KNOWLE00A0, and OBSERV04K0.
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some of the authors and data were supported by NIH grants: RC2HL103010, RC2HL102923, RC2HL102924, K22LM011938, R01GM114128, UL1TR000427, RC2HL102925, and RC2HL102926.

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Dr. Blue reports grants from Cystic Fibrosis Foundation, grants from National Institutes of Health, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jessica

2. Surname (Last Name)  
Chong

3. Date  
11-December-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name

Michael Bamshad

5. Manuscript Title  
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Dr. Chong 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) Mary	2. Surname (Last Name) Emond	3. Date 01-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Bamshad
5. Manuscript Title Progression of lung disease in cystic fibrosis associated with variation in genes for cilia proteins		
6. Manuscript Identifying Number (if you know it) White-201706-451OC		

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Are there any relevant conflicts of interest?  Yes  No

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**ICMJE**

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

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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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Dr. Emond has nothing to disclose.

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#### 2. The work under consideration for publication.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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) Ronald      2. Surname (Last Name) Gibson      3. Date 24-July-2017

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

5. Manuscript Title  
Progression of lung disease in cystic fibrosis associated with variation in genes for cilia proteins

6. Manuscript Identifying Number (if you know it)  
White - 201706 - 4510C

### 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.

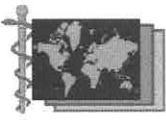
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cystic Fibrosis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI on the CF Foundation DNA Collection Amendment to the EPIC Observational Study
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-investigator on the LUNG GO Exome Sequencing award that supported analysis of the EPIC cohort

### 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

If yes, please fill out the appropriate information below.



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cystic Fibrosis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vertex Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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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### Section 6. Disclosure Statement

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Dr. Gibson reports grants from Cystic Fibrosis Foundation, grants from National Institutes of Health, during the conduct of the study; grants from Cystic Fibrosis Foundation, grants from Vertex Pharmaceuticals, 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) Scott      2. Surname (Last Name) Hebbring      3. Date 06-December-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Michael J. Bamshad

5. Manuscript Title  
Variation in cilia protein genes and progression of lung disease in cystic fibrosis

6. Manuscript Identifying Number (if you know it)  
White-201706-451OC.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

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

### 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. Hebbring reports grants from NIH, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Knowles

3. Date  
06-December-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Elizabeth Blue

5. Manuscript Title

Variation in cilia protein genes and progression of lung disease in cystic fibrosis

6. Manuscript Identifying Number (if you know it)

White 201706-4510C.R2

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Dr. Knowles 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)

Tin

2. Surname (Last Name)

Louie

3. Date

08-December-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michael Bamshad

5. Manuscript Title

Variation in cilia protein genes and progression of lung disease in cystic fibrosis

6. Manuscript Identifying Number (if you know it)

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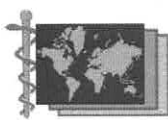
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Rafaels

3. Date  
08-December-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Michael Bamshad

5. Manuscript Title

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Mr. Rafaels 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.