

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.

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.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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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earning royalties or not

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

Somayaji 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Ranjani	2. Surname (Last Nar Somayaji	me)		3. Date 15-December-2017	
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Understanding the role of Staphylococo	cus aureus in non-cys	tic fibrosis bronc	hiectasis: Whe	ere are we now?	
6. Manuscript Identifying Number (if you kr	now it)				
Section 2. The Work Under Co	onsideration for P	ublication			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grar	nts, data monitoring			r
Section 3. Relevant financial	activities outside	the submitted	work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instruction	ns. Use one line fo	or each entity	; add as many lines as you need by	
Are there any relevant conflicts of interest	est? 🗸 Yes	No			
If yes, please fill out the appropriate info	ormation below.				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments	
CF Canada	V			earch Fellowship funding + incal research grant	
CIHR Canada	✓			earch Fellowship funding + ical research grant	
Alberta Innovates	✓		Rese	earch Fellowship funding	
CF Foundation			Clin	nical research grant	

Somayaji 2



Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

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Ramos 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Kathleen	rst Name)	2. Surname (Last Name) Ramos	3. Date 12-January-2018
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Ranjani Somayaji
5. Manuscript Title Understanding t		cus aureus in Non Cystic Fi	brosis bronchiectasis: where are we now?
6. Manuscript Ider White-201712-94	ntifying Number (if you kr 14ED	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	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 Proper	rty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes 🗸 No

Ramos 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 follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/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
•	ts grants from the National Institutes of Health, the Cystic Fibrosis Foundation, CHEST Foundation, and the shington Institute of Translational Health Sciences for work outside the scope of the submitted work.

Evaluation and Feedback

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Hoffman 1



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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Hoffman 2



Section 5.			
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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. Hoffman has	nothing to disclose.		

Evaluation and Feedback

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