

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.

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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.

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Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

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

Livraghi-Butrico 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Alessandra	2. Surname (Last Name) Livraghi-Butrico	3. Date 14-June-2018
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Camille Ehre
5. Manuscript Title An Improved Inhaled Mucolytic to Trea	at Airway Muco-Obstructive	e Diseases
6. Manuscript Identifying Number (if you k Blue-201802-0245OC	now it)	
Section 2. The Work Under C	Consideration 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 s	submitted work.
of compensation) with entities as descri	ribed in the instructions. Use 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 re present during the 36 months prior to publication .
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No

Livraghi-Butrico 2



Section 5. Relationships not severed above
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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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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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 above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Livraghi-Butrico has nothing to disclose.

Evaluation and Feedback

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Livraghi-Butrico 3



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Boucher 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Given Name (First Name) Richard	2. Surnar Boucher	ne (Last Nar	me)		3. Date 29-October-2018	
4. Are you the corresponding author?	Yes	✓ No	Correspond Camille Eh	ding Author's Nai nre	me	
5. Manuscript Title An Improved Inhaled Mucolytic to Treat	Airway M	uco-Obstri	uctive Diseases			
6. Manuscript Identifying Number (if you known Blue-201802-0245OC.R1	ow it)					
Section 2. The Work Under Co	nsidera	tion for P	ublication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lim		nts, data monitoring			:.) for
Section 3. Relevant financial a	activities	outside '	the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the serious fill out the appropriate info	oed in the ort relationst?	instruction Inships tha	ns. Use one line fo	or each entity; a	idd as many lines as you need	
Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other? Con	nments	
Parion Sciences		V		UNC s develo chairn have o	n Sciences is a privately held spin-out company focused on oping therapies for CF. I am nan of the Board of Parion and equity in it as received stary compensation as Board	

Boucher 2



Section 4. Intellectua	al Property Patents & Copyrights
	ether planned, pending or issued, broadly relevant to the work? Yes No oppriate information below. If you have more than one entity press the "ADD" button to add a row. by pressing the "X" button.
Patent?	Pending? Issued? Licensed? Royalties? Licensee? Comments
Parion Sciences	
Section 5. Balatiansk	their and a constant about
Are there other relationships of	or activities that readers could perceive to have influenced, or that give the appearance of you wrote in the submitted work?
	nships/conditions/circumstances are present (explain below): anditions/circumstances that present a potential conflict of interest
•	ceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements k authors to disclose further information about reported relationships.
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Wang 1



Section 1.	Identifying Inform	nation				
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4. Are you the cor	corresponding author? Yes V		Corresponding Author's Name Camille Ehre			
5. Manuscript Title An Improved Inh		t Airway Muco-Obstructive	e Diseases			
6. Manuscript Ider Blue-201802-024	ntifying Number (if you kr 150C	now it)				
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Section 2. The Work Under Consideration for Publication						
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,			
	ı					
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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.			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Wang 2



Section 5.	
R	elationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?
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Morrison 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Cameron	2. Surname (Last Name) Morrison		3. Date 13-June-2018	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Camille Ehre		
5. Manuscript Title An Improved Inhaled Mucolytic to Treat	Airway Muco-Obstructive	e Diseases		
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any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da st? Yes No rmation below. If you hav	ta monitoring board, s	nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row.	
Name of Institution/Company	Grant	n-Financial Other	Comments	
Parion Sciences Inc.		/	Provided one of the tested drug compounds	
Section 3. Relevant financial a	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should repart there any relevant conflicts of interest.	bed in the instructions. Use Fort relationships that wer st? ☐ Yes ✓ No	se one line for each e re present during th	entity; add as many lines as you need by	
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Do you have any patents, whether planr	ned, pending or issued, br	oadly relevant to the	e work? ☐ Yes 🗸 No	

Morrison 2



Section 5. Polationships not severed above
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Mr. Morrison reports non-financial support from Parion Sciences Inc., during the conduct of the study; .

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Morrison 3



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Ehre 1



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Excess rows can be removed by pressin	-	,				
Name of Institution/Company	Grant	Financial Other?	Comments			
Parion Sciences, Inc		✓ P	rovided reagents to test			
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Ehre 2



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CEO of Parion Sc	iences, Paul Boucher, is the son of the senior author of this paper, Dr. Richard Boucher.
	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.
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	non-financial support from Parion Sciences, Inc, during the conduct of the study; and CEO of Parion bucher, is the son of the senior author of this paper, Dr. Richard Boucher

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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

Fontana 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fir Nicholas	st Name)	2. Surname (Last Name) Fontana		3. Date 25-October-2018	
4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title An Improved Inh		: Airway Mı	uco-Obstructive Diseases		
6. Manuscript Ider Blue-201802-024	ntifying Number (if you kn 15OC.R1	ow it)			
	l				
Section 2.	The Work Under Co	onsiderat	ion for Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not lim	t or services from a third party (government, ited to grants, data monitoring board, study /es No		
Section 3.					
Section 5.	Relevant financial	activities	outside the submitted work.		
of compensation clicking the "Add) with entities as descri	bed in the port relatio	e to indicate whether you have financial instructions. Use one line for each entity nships that were present during the 36 (es No	y; add as many lines as you need by	
Section 4.	Intellectual Proper	tv Pate	nts & Copyrights		
	•	<u> </u>			
Do you have any	patents, whether plani	ned, pendii	ng or issued, broadly relevant to the wo	rk? ☐ Yes 🗸 No	

Fontana 2



Section 5. Polationships not severed 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):
✓ No other relationships/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 above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Fontana 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.

Fontana 3



Instructions

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patent

Donaldson 1



Continu 1						
Section 1.	Identifying Inform	nation				
1. Given Name (F Scott	irst Name)	2. Surname (Last Na Donaldson	2. Surname (Last Name) Donaldson			
4. Are you the co	rresponding author?	☐ Yes ✓ No	Correspon Camille El	ding Author's Name nre		
5. Manuscript Titl An Improved Inl	e haled Mucolytic to Trea	t Airway Muco-Obst	ructive Diseases			
6. Manuscript Ide Blue-201802-02	ntifying Number (if you kr 45OC	now it)				
Section 2.	The Work Under C	onsideration for	Publication			
any aspect of the statistical analysis. Are there any re If yes, please fill	stitution at any time recessubmitted work (including , etc.)? levant conflicts of intere out the appropriate info be removed by pressin	g but not limited to gra est? Yes ormation below. If y	nts, data monitoring	g board, study design, n	nanuscript preparation,	
Name of Institu	tion/Company	Grant? Persona	Non-Financial Support?	Other? Commen	ts	
NIH		✓				
Section 3.	Relevant financial	activities outside	the submitted	work.		
of compensation	the appropriate boxes n) with entities as descr d +" box. You should re	ibed in the instruction	ons. Use one line f	or each entity; add as	many lines as you need	d by
•	levant conflicts of inter] No			
If yes, please fill	out the appropriate info	ormation below.				
Name of Entity		Grant? Persona	Non-Financial Support?	Other? Commen	ts	
Parion Sciences		✓		Clinical Trial		

Donaldson 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No
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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Dr. Donaldson reports grants from NIH, during the conduct of the study; grants from Parion Sciences, outside the submitted work; .

Evaluation and Feedback

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Donaldson 3



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

Esther Jr 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Charles	rst Name)	2. Surname (Last Name Esther Jr	e) 3. Date 15-June-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Camille Ehre
5. Manuscript Title An Improved Inh		t Airway Muco-Obstruc	ctive Disease
6. Manuscript Ider Blue-201802-024	ntifying Number (if you kn ISOC	now it)	
Section 2.	The Work Under Co	onsideration for Pul	blication
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	ubut not limited to grants est? Yes No ormation below. If you I	rom a third party (government, commercial, private foundation, etc.) for s, data monitoring board, study design, manuscript preparation, lo have more than one entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support? Comments
NIH		✓	
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Section 3.	Relevant financial	activities outside th	ne submitted work.
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should repevant conflicts of intere	ibed in the instructions. port relationships that vest? Yes V	
Section 4.	Intellectual Proper	ty Patents & Copy	yrights
Do you have any	patents, whether plan	ned, pending or issued,	d, broadly relevant to the work? Yes V No

Esther Jr 2



Section 5. Relationships not severed 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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Dr. Esther Jr reports grants from NIH, during the conduct of the study; .

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Esther Jr 3



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

Hill 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Hill		3. Date 14-June-2018		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's N	Name		
5. Manuscript Title An Improved Inh		t Airway Muco-Obstructi	ve Diseases			
6. Manuscript Ider Blue-201802-024	ntifying Number (if you kr ISOC	now it)				
Section 2.	The Work Under Co	onsideration for Pub	lication			
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 Comments Comments						
Section 3.	Relevant financial	activities outside the	submitted work.			
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. port relationships that w	Use one line for each entity	relationships (regardless of amount r; add as many lines as you need by i months prior to publication .		
Section 4.	Intellectual Proper	rty Patents & Copyr	ights			
Do you have any	patents, whether plan	ned, pending or issued,	oroadly relevant to the wor	rk? Yes 🗸 No		

Hill 2



Section 5.					
Section 5.	Relationships not covered above				
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Dr. Hill reports g	grants from The University of North Carolina - Chapel Hill, during the conduct of the study; .				

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Villalon 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fir Diane	st Name)	2. Surname (Last Name) Villalon	3. Date 13-June-2018			
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Camille Ehre			
5. Manuscript Title An Improved Inh		t Airway Muco-Obstructive	e Diseases			
6. Manuscript Iden Blue-201802-024	ntifying Number (if you kr 5OC	now it)				
Section 2.	The Work Under Co	onsideration for Public	cation			
any aspect of the su statistical analysis,	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	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 V						
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Villalon 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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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Villalon has	nothing to disclose.

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Villalon 3



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Grubb 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Barbara	rst Name)	2. Surname (Last Name) Grubb	3. Date 26-October-2018			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Camille Ehre			
5. Manuscript Title An Improved Inh		t Airway Muco-Obstructive	e Diseases			
6. Manuscript Ider Blue-201802-024	ntifying Number (if you kr ISOC.R1	now it)				
			-			
Section 2.	The Work Under C	onsideration for Public	ation			
any aspect of the s statistical analysis,	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	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 e present during the 36 months prior to publication .			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No			

Grubb 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
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Evaluation and Feedback

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Grubb 3



Instructions

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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

Thelin 1



Section 1. Identifying Information	ation			
1. Given Name (First Name) William	2. Surname (Last Name) Thelin	3. Date 25-October-2018		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name	
5. Manuscript Title An Improved Inhaled Mucolytic to Treat	Airway Muco-Obstructiv	e Diseases		
6. Manuscript Identifying Number (if you kno Blue-201802-0245OC	ow it)	_		
Section 2. The Work Under Co	nsideration for Publi	cation		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest fyes, please fill out the appropriate information in the excess rows can be removed by pressing	but not limited to grants, do st?	ata monitoring board, stu	udy design, manuscript preparation,	
Name of Institution/Company	Grant? Personal No	n-Financial Other?	Comments	
Parion Sciences	✓		Parion supported this work and was grant funded for it.	
Section 3. Relevant financial a	ctivities outside the	submitted work.		
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interests.	oed in the instructions. U ort relationships that we	se one line for each er	itity; add as many lines as you need by	
Section 4. Intellectual Propert	ty Patents & Copyri	ghts		
Do you have any patents, whether plann If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If you hav	•		

Thelin 2



	Patent	?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
٧	/O2014036445A3		✓						
	Section 5.	Relationshi	ps not cov	ered abo	ove				
	Are there other repotentially influe	•			•	eive to have	influenced, or tha	at give the appearance of	
		wing relationsh	•			•	•		
	✓ No other rela	tionships/cond	litions/circur	nstances 1	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 statem On occasion, journals may ask authors to disclose further information about reported relationships.						nents.		
	Section 6.	Disclosure S	itatement						
	Based on the abo below.	ve disclosures,	this form wi	ll automa	tically gene	erate a disclo	osure statement, v	vhich will appear in the box	(
		•					•	ounds were provided as unds, to demonstrate their	

Evaluation and Feedback

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Thelin 3



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Hothem 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Lauren	2. Surname (Last Name) Hothem	3. Date 13-June-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Camille Ehre
5. Manuscript Title An Improved Inhaled Mucolytic to Tre	eat Airway Muco-Obstructiv	e Diseases
6. Manuscript Identifying Number (if you Blue-201802-0245OC	know it)	
Section 2. The Work Under	Consideration for Public	cation
	ng 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 financia	al activities outside the s	submitted work.
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Section 4. Intellectual Prop	erty Patents & Copyri	ghts
Do you have any patents, whether pla	anned, pending or issued, br	roadly relevant to the work? Yes V No

Hothem 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?		
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Dr. Hothem has	nothing to disclose.		

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Royalties: Funds are coming in to you or you

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

1

Delion



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Martial	2. Surname (Last Name) Delion	3. Date 13-June-2018
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Camille Ehre
5. Manuscript Title An Improved Inhaled Mucolytic to T	reat Airway Muco-Obstructive	: Diseases
6. Manuscript Identifying Number (if you Blue-201802-0245OC	u know it)	
Section 2. The Work Under	Consideration for Public	ation
any aspect of the submitted work (include statistical analysis, etc.)? Are there any relevant conflicts of include the state of the st	terest? Yes No information below. If you have sing the "X" button. Grant? Personal Nor	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, e more than one entity press the "ADD" button to add a row. 1-Financial other? Comments upport? Providing some tested drug
Section 3. Relevant finance	ial activities outside the s	ubmitted work.
of compensation) with entities as de clicking the "Add +" box. You should Are there any relevant conflicts of in	scribed in the instructions. Us report relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Prop	oerty Patents & Copyrig	hts
Do you have any patents, whether p	lanned, pending or issued, br	oadly relevant to the work? Yes Vo

Delion 2



Section 5. Relationships not severed 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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Dr. Delion reports non-financial support from Parion Sciences Inc., during the conduct of the study; .

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Markovetz 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Matthew	rst Name)	2. Surname (Last Name) Markovetz	3. Date 13-June-2018
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Camille Ehre
5. Manuscript Title An Improved Inh		t Airway Muco-Obstructive	Diseases
6. Manuscript Ider Blue-201802-024	ntifying Number (if you kr 15OC	now it)	
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the si 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 e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Markovetz 2



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Relationships not covered above
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Dr. Markovetz has nothing to disclose.

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Kato 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Takafumi	2. Surname (Last Name) Kato	3. Date 13-June-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Camille Ehre
5. Manuscript Title An Improved Inhaled Mucolytic to Trea	at Airway Muco-Obstructiv	e Diseases
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Kato 2



Section 5.			
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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

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Zachary	2. Surname (Last Name) Rushton	3. Date 13-June-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Camille Ehre
5. Manuscript Title An Improved Inhaled Mucolytic to Tre	eat Airway Muco-Obstructiv	e Diseases
6. Manuscript Identifying Number (if you Blue-201802-0245OC	know it)	
Section 2. The Work Under	Consideration for Public	cation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	al activities outside the s	submitted work.
of compensation) with entities as desc	cribed in the instructions. Use eport relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prop	erty Patents & Copyri	ghts
Do you have any patents, whether pla	nned, pending or issued, b	roadly relevant to the work? Yes V No

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Section 5.		
Section 5.	Relationships not covered above	
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest		
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements als may ask authors to disclose further information about reported relationships.	
Section 6.	Disclosure Statement	
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Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box	

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