

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Wise

3. Date
20-October-2018

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

5. Manuscript Title
Frailty and Clinical Outcomes in Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)
White-201803-175OC.R1

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

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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
AstraZeneca / Medimmune	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	data monitoring committee, grants, consulting
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steering committee, data monitoring committee, grants
Contrafact	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clinical endpoint committee
Pulmonx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	data safety monitoring committee
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data monitoring committee
Spiration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering committee
Sunovion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workshop, consulting

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Pearl Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data monitoring committee
Circassia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data monitoring committee, Consultant
Pneuma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Verona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Bonti	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Review Committee
Denali	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Aradigm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Theravance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Propelloer Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Sanofi-Aventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant
AbbVie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Monitoring Committee

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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Section 6. Disclosure Statement

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Dr. Wise reports grants and personal fees from AstraZeneca / Medimmune, grants and personal fees from Boehringer Ingelheim, personal fees from Contrafect, personal fees from Pulmonx, personal fees from Roche, personal fees from Spiration, personal fees from Sunovion, grants from Pearl Therapeutics, personal fees from Merck, personal fees from Circassia, grants and personal fees from GSK, personal fees from Pneuma, personal fees from Verona, personal fees from Bonti, personal fees from Denali, personal fees from Aradigm, personal fees from Theravance, personal fees from Propelloer Health, grants from Sanofi-Aventis, personal fees from AbbVie, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Cassie

2. Surname (Last Name)

Kennedy

3. Date

17-October-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Frailty and Clinical Outcomes in Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

White-201803-175OC.R2

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Dr. Kennedy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nathan	2. Surname (Last Name) LeBrasseur	3. Date 30-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kennedy
5. Manuscript Title Frailty and Clinical Outcomes in Chronic Obstructive Pulmonary Disease		
6. Manuscript Identifying Number (if you know it) White-201803-175OC.R2		

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Novotny

3. Date
17-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Cassie Kennedy

5. Manuscript Title
Frailty and Clinical Outcomes in Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)
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Mr. Novotny has nothing to disclose.

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Roberto

2. Surname (Last Name)
Benzo

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30-October-2018

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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Frank
2. Surname (Last Name)
Sciurba
3. Date
18-October-2018
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Roberto Benzo
5. Manuscript Title
Frailty and Clinical Outcomes in Chronic Obstructive Pulmonary Disease
6. Manuscript Identifying Number (if you know it)
White-201803-175OC.R2.

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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.)?

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