

ICMJE Form for Disclosure of Potential Conflicts of Interest

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".

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.

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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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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Jens

2. Surname (Last Name) _____
Hohlfeld

3. Date _____
06-August-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Antje Prasse

5. Manuscript Title _____
BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it) _____
Blue-201712-2551OC

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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.)?

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
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant to my institution for COPD study conduct

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
AstraZeneca AB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
Allergopharma GmbH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
Janssen Pharmaceutica NV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
ALK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
LETI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
GlaxoSmithKline, GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
Sanofi-Aventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to my institution
Merck & Co, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fee

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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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Hohlfeld reports grants from Boehringer Ingelheim, during the conduct of the study; personal fees from Boehringer Ingelheim, grants from AstraZeneca AB, grants from Allergopharma GmbH, grants from Novartis, grants from Janssen Pharmaceutica NV, grants from Takeda, grants from ALK, grants from Boehringer Ingelheim, grants and personal fees from LETI, grants from GlaxoSmithKline, GSK, grants from Sanofi-Aventis, personal fees from Merck & Co, Inc., personal fees from Novartis, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Norbert	2. Surname (Last Name) Krug	3. Date 06-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Krug has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Benedikt

2. Surname (Last Name)

Jäger

3. Date

06-August-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Antje Prasse

5. Manuscript Title

BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)

Blue-201712-2551OC

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Dr. Jäger has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) ELENA 2. Surname (Last Name) BARGAGLI 3. Date 6/AUG/2018

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

5. Manuscript Title
BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)
Blue-201712-25510C

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See pg 6/10/13

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Section 1. Identifying Information

1. Given Name (First Name) Bart	2. Surname (Last Name) Vanaudenaerde	3. Date 14-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
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1. Given Name (First Name) Paola	2. Surname (Last Name) Rottoli	3. Date 11-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Rottoli has nothing to disclose.

Evaluation and Feedback

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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) Birgit	2. Surname (Last Name) Jung	3. Date 08-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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Dr. Jung has nothing to disclose.

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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) Harald	2. Surname (Last Name) Binder	3. Date 06-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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Are there any relevant conflicts of interest? Yes No

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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)
Naftali

2. Surname (Last Name)
Kaminski

3. Date
06-August-2018

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

5. Manuscript Title
BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)
Blue-201807-13Blue-201712-2551OC

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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
Biogen Idec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Third Rock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
MMI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant - Pulmonary Fibrosis
Miragen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pulmonary Fibrosis
Pliant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Samumed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
NuMedii	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Indaloo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
New Therapies in Pulmonary Fibrosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Biotech	Pulmonary Fibrosis
Peripheral Blood Gene Expression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pulmonary Fibrosis

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Serves as Deputy Editor of Thorax, BMJ.

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Dr. Kaminski reports personal fees from Biogen Idec, Boehringer Ingelheim, Third Rock, MMI, Pliant, NUmedii, Indalo, non-financial support from Miragen , all outside the submitted work; In addition, Dr. Kaminski has a patent New Threapies in Pulmonary Fibrosis with royalties paid to Biotech, and a patent Peripheral Blood Gene Expression issued and Serves as Deputy Editor of Thorax, BMJ. .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Heather

2. Surname (Last Name)
Lynn

3. Date
11-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Antje Prasse

5. Manuscript Title
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1. Given Name (First Name) Moritz	2. Surname (Last Name) Hess	3. Date 06-August-2018
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6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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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.)?

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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Evaluation and Feedback

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Antje

2. Surname (Last Name)
Prasse

3. Date
08-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)
Blue-201712-2551OC

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
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lecture fees, advisory board, travelling, research grants
Roche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lecture fees, advisory board, travelling,
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lecture fees, travelling, research grants
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lecture fees, travelling, research grants grants
AdAlta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research grant
Biogen Idec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research grant

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Dr. Prasse reports grants, personal fees and non-financial support from Boehringer Ingelheim, grants, personal fees and non-financial support from Roche, grants, personal fees and non-financial support from AstraZeneca, grants, personal fees and non-financial support from Novartis, grants from AdAlta, grants from Biogen Idec, outside the submitted work; .

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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)
Karsten

2. Surname (Last Name)
Quast

3. Date
09-August-2018

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

5. Manuscript Title
BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)
Blue-201712-2551OC

Section 2. The Work Under Consideration for Publication

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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
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee of BI. COPD transcriptome data of this manuscript were obtained within a BI project

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee of BI

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Quast reports other from Boehringer Ingelheim, during the conduct of the study; other from Boehringer Ingelheim, 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)
Shelia

2. Surname (Last Name)
Violette

3. Date
01-August-2018

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

5. Manuscript Title
BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)
Blue-201712-2551OC

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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
Biogen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I was an employee at Biogen when a major portion of the work that is reported in the paper was carried out.

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Biogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was previously an employee of Biogen and received compensation in the form of stock

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Several Biogen patents related to the development of anti-avb6 antibodies for fibrosis and oncology, both issued and pending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Violette reports personal fees from Biogen, during the conduct of the study; In addition, Dr. Violette has a patent Several Biogen patents related to the development of anti-avb6 antibodies for fibrosis and oncology, both issued and pending issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Louis	2. Surname (Last Name) Vuga	3. Date 15-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
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Dr. Vuga contributed to this article as an employee of University of Pittsburgh. The views expressed in this article are his own and those of University of Pittsburgh, School of Medicine, and do not necessarily represent the views of the National Institutes of Health or the U.S. government

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Wim A

2. Surname (Last Name)
Wuyts

3. Date
06-August-2018

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

5. Manuscript Title
BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)
Blue-201712-2551OC

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.

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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
Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant payed to institution
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant payed to institution

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Wuyts reports grants from Roche, grants from Boehringer Ingelheim, outside the submitted work; Grants payed ot institution In addition, Dr. Wuyts has a patent null pending.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gian	2. Surname (Last Name) Kayser	3. Date 06-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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.

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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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Section 5. Relationships not covered above

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Dr. Kayser 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) Susanne	2. Surname (Last Name) Rittinghausen	3. Date 06-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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.

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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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Section 5. Relationships not covered above

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rittinghausen has nothing to disclose.

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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) Jonas	2. Surname (Last Name) Schupp	3. Date 06-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
6. Manuscript Identifying Number (if you know it) Blue-201712-2551OC		

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Are there any relevant conflicts of interest? Yes No

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Schupp has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name)

Jose

2. Surname (Last Name)

Herazo-Maya

3. Date

06-August-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Antje Prasse

5. Manuscript Title

BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF

6. Manuscript Identifying Number (if you know it)

Blue-201712-2551OC

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yan	2. Surname (Last Name) Xu	3. Date 06-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antje Prasse
5. Manuscript Title BAL Cell Gene Expression is indicative of Outcome and Airway Basal Cell involvement in IPF		
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Are there any relevant conflicts of interest? Yes No

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Dr. Xu has nothing to disclose.

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