

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.

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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

Pending: The patent has been filed but not issued

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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) Philip	2. Surname (Last Name) Boone	3. Date 28-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Benjamin Raby
5. Manuscript Title The genetics of pneumothorax		
6. Manuscript Identifying Number (if you know it) Blue-201807-1212CI.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

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

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Section 5. Relationships not covered above

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Spouse is an employee of Vertex Pharmaceuticals, Inc.

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Section 6. Disclosure Statement

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Dr. Boone reports and Spouse is an employee of Vertex Pharmaceuticals, Inc..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Stefan

2. Surname (Last Name)

Marciniak

3. Date

30-November-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Benjamin Raby

5. Manuscript Title

The genetics of pneumothorax

6. Manuscript Identifying Number (if you know it)

Blue-201807-1212CI.R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Prof. Marciniak 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) Rachel	2. Surname (Last Name) Scott	3. Date 12-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Benjamin Raby
5. Manuscript Title The genetics of pneumothorax		
6. Manuscript Identifying Number (if you know it) Blue-201807-1212CI.R1		

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Dr. Scott 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)
Elizabeth

2. Surname (Last Name)
Henske

3. Date
05-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Blue-201807-1212CI.R2 - The Genetics of Pneumothorax

6. Manuscript Identifying Number (if you know it)
Blue-201807-1212CI.R2 - The Genetics of Pneumothorax

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Dr. Henske has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Raby

3. Date
21-February-2019

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

5. Manuscript Title
The Genetics of Pneumothorax

6. Manuscript Identifying Number (if you know it)
Blue-201807-1212CI.R2

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Parexel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spouse serves as blinded reviewer for CRO

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Dr. Raby reports grants from NIH, personal fees from Sanofi, personal fees from Teva, other from Parexel, outside the submitted work; .

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