

Instructions

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| Section 1. | Identifying Inform | mation | | |
|--------------------------------------|-----------------------------------|----------------------------------|---------------------------|--------------------------|
| 1. Given Name (Fi Neil | rst Name) | 2. Surname (Last Name) Alexis | | 3. Date 08-March-2019 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Na | ame |
| 5. Manuscript Title SPLUNC1 Loses | | ity in Acidic Cystic Fibrosi | s Airway Secretions | |
| 6. Manuscript Ide Blue-201812-230 | ntifying Number (if you k)3LE | know it) | | |
| | | | | |
| Section 2. | The Work Under (| Consideration 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.)?

🖌 No

| Are there any relevant conflicts of interest? | Yes |
|---|-----|
|---|-----|

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 connicts of interest: | Are there any relevant conflicts of interest? | | Yes | ✓ | No |
|--|---|--|-----|---------------------|----|
|--|---|--|-----|---------------------|----|

Section 4. Intellectual Property -- Patents & Copyrights

| Do you have any patents, whether planned, pending of issued, broadly relevant to the work? res v no | ents, whether planned, pending or issued, broadly relevant to the wo | k? Yes 🖌 | No |
|---|--|----------|----|
|---|--|----------|----|



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Dr. Alexis has nothing to disclose.

Evaluation and Feedback



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| Section 1. | Identifying Infor | mation | |
|--------------------------------------|----------------------------------|--------------------------------|--|
| 1. Given Name (F Rodney | irst Name) | 2. Surname (Last Na Gilmore | me) 3. Date 08-March-2019 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name |
| 5. Manuscript Titl SPLUNC1 Loses | | vity in Acidic Cystic Fib | rosis Airway Secretions |
| 6. Manuscript Ide Blue-201812-23 | ntifying Number (if you 03LE | know it) | |
| Section 2. | The Work Under | Consideration for P | ublication |
| Did you or your in | stitution at any time reg | reive payment or service | from a third party (government commercial private foundation etc.) for |

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.)?

🖌 No

| Are there any relevant conflicts of interest? | /es |
|---|-----|
|---|-----|

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| Are there any relevant connicts of interest: | Are there any relevant conflicts of interest? | | Yes | ✓ | No |
|--|---|--|-----|---------------------|----|
|--|---|--|-----|---------------------|----|

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



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| Section 1. | Identifying Infor | mation | |
|--|---------------------------------|--|--------------------------|
| 1. Given Name (Fi Robert | rst Name) | 2. Surname (Last Name) Tarran | 3. Date 08-March-2019 |
| 4. Are you the cor | responding author? | ✓ Yes No | |
| 5. Manuscript Title SPLUNC1 Loses i | | rity in Acidic Cystic Fibrosis Airway Secretions | |
| 6. Manuscript Ider Blue-201812-230 | ntifying Number (if you)3LE | know it) | |

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🖌 No

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|---|--|-----|--------------|----|

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

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 | |
|---|----------|--------------|--------------|--------------|-----------|----------|--|
| 9,127,040: Regulation of sodium channels by PLUNC proteins | | \checkmark | \checkmark | \checkmark | Spyryx | | |
| 9,549,967: REGULATION OF SODIUM CHANNELS BY PLUNC PROTEINS | | \checkmark | \checkmark | \checkmark | Spyryx | | |

No



| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments | |
|---|--------------|---------|-----------|------------|-----------|----------|--|
| 4/878,720: Peptide Inhibitors of Sodium Channels | \checkmark | | | | Spyryx | | |

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Dr. Tarran is a founder of and has equity in Spyryx Biosciences and Eldec Pharmaceuticals

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Dr. Tarran reports In addition, Dr. Tarran has a patent 9,127,040: Regulation of sodium channels by PLUNC proteins with royalties paid to Spyryx, a patent 9,549,967: REGULATION OF SODIUM CHANNELS BY PLUNC PROTEINS with royalties paid to Spyryx, and a patent 4/878,720: Peptide Inhibitors of Sodium Channels pending to Spyryx and Dr. Tarran is a founder of and has equity in Spyryx Biosciences and Eldec Pharmaceuticals.



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| 1. Given Name (First Name) Saira | 2. Surname (Last Name) Ahmad | 3. Date 08-March-2019 |
|---|---------------------------------|--|
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Robert Tarran |
| 5. Manuscript Title SPLUNC1 Loses its Antimicrobial Act | | is Airway Secretions |
| 6. Manuscript Identifying Number (if you Blue-201812-2303LE | ı know it) | |

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|--|-----|-----|----|---|
| | 1 1 | | | - |



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