

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Airan	2. Surname (Last Name) Liu	3. Date 04-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jae-Woo Lee
5. Manuscript Title Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs		
6. Manuscript Identifying Number (if you know it) Blue-201812-2296OC.R1		

Section 2. The Work Under Consideration for Publication

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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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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hideya	2. Surname (Last Name) Kato	3. Date 04-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jae-Woo Lee
5. Manuscript Title Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

JaeHoon

2. Surname (Last Name)

Lee

3. Date

04-May-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jae-Woo Lee

5. Manuscript Title

Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs

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Blue-201812-2296OC.R1

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Section 1. Identifying Information

1. Given Name (First Name)

Jae

2. Surname (Last Name)

Lee

3. Date

03-May-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs

6. Manuscript Identifying Number (if you know it)

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JeongHyun

2. Surname (Last Name)
Park

3. Date
04-May-2019

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Corresponding Author's Name
Jae-Woo Lee

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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) Michael

2. Surname (Last Name) Matthay

3. Date 07-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name Jae-Woo Lee

5. Manuscript Title Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs

6. Manuscript Identifying Number (if you know it) Blue-201812-2296OC.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
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARDS and Sepsis Research
Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARDS clinical trial
Bayer Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARDS observational trial
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis observational trial
Cerus Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARDS consultation
CSL Behring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARDS consultation

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

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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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. Matthay reports grants from NIH/NHLBI, grants from Department of Defense, grants from Bayer Pharmaceuticals, grants from GlaxoSmithKline, personal fees from Cerus Therapeutics, personal fees from CSL Behring, outside the submitted work; .

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)
Qi

2. Surname (Last Name)
Hao

3. Date
03-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jae-Woo Lee

5. Manuscript Title

Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs

6. Manuscript Identifying Number (if you know it)

Blue-201812-2296OC.R1

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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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Dr. Hao 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) Shinji	2. Surname (Last Name) Sugita	3. Date 03-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jae-Woo Lee
5. Manuscript Title Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs		
6. Manuscript Identifying Number (if you know it) Blue-201812-2296OC.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

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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Section 6. Disclosure Statement

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Xiwen

2. Surname (Last Name)
Zhang

3. Date
04-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jae-Woo Lee

5. Manuscript Title
Therapeutic Effects of Hyaluronic Acid in Bacterial Pneumonia In the Ex Vivo Perfused Human Lungs

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yoshifumi

2. Surname (Last Name)
Naito

3. Date
03-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jae-Woo Lee

5. Manuscript Title
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