

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.

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3. Relevant financial activities outside the submitted work.

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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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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) Amy	2. Surname (Last Name) Lyden	3. Date 14-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Langelier
5. Manuscript Title Detection of Pneumonia Pathogens from Cell-Free DNA		
6. Manuscript Identifying Number (if you know it) Blue-201904-0905LE.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



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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.

Ms. Lyden has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Brian

2. Surname (Last Name)
Prince

3. Date
14-October-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Charles Langelier

5. Manuscript Title
Detection of Pneumonia Pathogens from Cell-Free DNA

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

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Section 1. Identifying Information

1. Given Name (First Name)
Carolyn

2. Surname (Last Name)
Calfee

3. Date
15-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Charles Langelier

5. Manuscript Title
Detection of Pneumonia Pathogens from Cell-Free DNA

6. Manuscript Identifying Number (if you know it)
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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	observational study on sepsis and ARDS biomarkers
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	observational study on ARDS; consulting re: ARDS therapies
Prometic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board re: ARDS

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche/Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting re: ARDS
CSL Behring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board re: ARDS
Quark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board re: ARDS

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Dr. Calfee reports grants from NIH, during the conduct of the study; grants from GlaxoSmithKline, grants and personal fees from Bayer, personal fees from Prometic, personal fees from Roche/Genentech, personal fees from CSL Behring, personal fees from Quark, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Langelier

3. Date
14-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Detection of Pneumonia Pathogens from Cell-Free DNA

6. Manuscript Identifying Number (if you know it)
Blue-201904-0905LE.R1

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Dr. Langelier has nothing to disclose.

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1. Given Name (First Name)
Farzad

2. Surname (Last Name)
Moazed

3. Date
14-October-2019

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Corresponding Author's Name
Charles Langelier

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) DeRisi	3. Date 14-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Langelier
5. Manuscript Title Detection of Pneumonia Pathogens from Cell-Free DNA		
6. Manuscript Identifying Number (if you know it) Blue-201904-0905LE.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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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. DeRisi 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)
Monica

2. Surname (Last Name)
Fung

3. Date
14-October-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Charles Langelier

5. Manuscript Title
Detection of Pneumonia Pathogens from Cell-Free DNA

6. Manuscript Identifying Number (if you know it)
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Monica Fung has no potential conflicts of interest to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Chin-Hong	3. Date 14-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Langelier
5. Manuscript Title Detection of Pneumonia Pathogens from Cell-Free DNA		
6. Manuscript Identifying Number (if you know it) Blue-201904-0905LE.R1		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chin-Hong 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) Paula	2. Surname (Last Name) Hayakawa Serpa	3. Date 14-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Langelier
5. Manuscript Title Detection of Pneumonia Pathogens from Cell-Free DNA		
6. Manuscript Identifying Number (if you know it) Blue-201904-0905LE.R1		

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Ms. Hayakawa Serpa 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) Saharai	2. Surname (Last Name) Caldera	3. Date 14-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Langelier
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Ms. Caldera has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Thomas	2. Surname (Last Name) Deiss	3. Date 14-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Langelier
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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

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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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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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Section 6. Disclosure Statement

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

Mr. Deiss has nothing to disclose.

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