

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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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.

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Relationships not covered above.

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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

Ahmadian 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Rosstin		2. Surname (Last Nar Ahmadian	me) 3. Date 06-January-2020	
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Name Thomas Resta	
5. Manuscript Title Altered Lipid Do		ced Pulmonary Vasoo	constriction Following Chronic Hypoxia	
6. Manuscript Identifying Number (if you know it) Red-2018-0318OC.R1				
Section 2.				
Section 2.	The Work Under Co	onsideration for P	ublication	
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				
•			u 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 Institut	ion/Company	Grant? Personal Fees?	Non-Financial Other? Comments	
National Institutes of	Health	✓		
American Heart Asso	ciation	✓		
Section 3.	Relevant financial	activities outside	the submitted work.	
of compensation) with entities as descri	bed in the instructio	te whether you have financial relationships (regardless of amount ns. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication .	
Are there any rel	evant conflicts of intere	est? Yes ✓	No	
	ı			
Section 4.	Intellectual Proper	ty Patents & Co	pyrights	
Do you have any	patents, whether plani	ned, pending or issue	ed, broadly relevant to the work? Yes V No	

Ahmadian 2



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Section 6
Section 6. Disclosure Statement
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Dr. Ahmadian reports grants from National Institutes of Health, grants from American Heart Association, during the conduct of the study; .

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Ahmadian 3



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Jernigan 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Nikki		2. Surname (Last Name) Jernigan	3. Date 06-January-2020			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Thomas Resta			
5. Manuscript Title Altered Lipid Do		ced Pulmonary Vasoconsti	riction Following Chronic Hypoxia			
•	6. Manuscript Identifying Number (if you know it) Red-2018-0318OC.R1					
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Jernigan 2



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Dr. Jernigan has nothing to disclose.

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Naik 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Vijay		2. Surname (Last Name) Naik	3. Date 06-January-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Tom Resta	
5. Manuscript Title Altered Lipid Domains Facilitate Enhand		ced Pulmonary Vasoconstr	riction Following Chronic Hypoxia	
6. Manuscript Identifying Number (if you know it) Red-2018-0318OC.R1				
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Section 3.	Relevant financial	activities outside the s	submitted work	
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Naik 2



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Rection 3.	elationships not covered above				
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Dr. Naik has nothing	y to disclose.				

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Norton 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Charles		2. Surname (Last N Norton	ame) 3. Date 05-January-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Thomas Resta	
5. Manuscript Title Altered Lipid Do		ed Pulmonary Vaso	oconstriction Following Chronic Hypoxia	
6. Manuscript Identifying Number (if you know it) Red-2018-0318OC.R1				
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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 Institut	ion/Company	Grant? Persona	Non-Financial Other? Comments	
American Heart Asso	ciation	✓		
NIH		✓		
Section 3.	Relevant financial	activities outside	e the submitted work.	
of compensation) with entities as descri	bed in the instructi	ate whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by nat were present during the 36 months prior to publication .	
Are there any rel	evant conflicts of intere	st? Yes ✓	No	
	l			
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Do you have any	patents, whether planr	ned, pending or iss	ued, broadly relevant to the work? Yes Vo	

Norton 2



Section 5. Polationships not severed above
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Dr. Norton reports grants from American Heart Association, grants from NIH, during the conduct of the study; .

Evaluation and Feedback

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Norton 3



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Paffett 1



Section 1. Identifying Inform	nation					
Given Name (First Name) Michael	2. Surname (Last Name) Paffett	3. Date 06-January-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Thomas Resta				
5. Manuscript Title Altered Lipid Domains Facilitate Enhan	ced Pulmonary Vasoconsti	ction Following Chronic Hypoxia				
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Paffett 2



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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

Resta 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Thomas	2. Surname (Last Name) Resta		3. Date 06-January-2020
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Altered Lipid Domains Facilitate Enhand	ced Pulmonary Vasoconstriction	on Following Chronic	Нурохіа
6. Manuscript Identifying Number (if you kr Red-2018-0318OC.R1	now it)		
Section 2. The Work Under Co	onsideration for Publicati	on	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere		_	
If yes, please fill out the appropriate info Excess rows can be removed by pressin	•	ore than one entity p	oress the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Fi	Other• Co	omments
National Institutes of Health	V		
American Heart Association	✓		
Section 3. Relevant financial	activities outside the sub	mitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described the "Add +" box. You should replace there any relevant conflicts of interest.	ibed in the instructions. Use o port relationships that were p	ne line for each entity	r; add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyright	5	
Do you have any patents, whether plan	ned, pending or issued, broad	ly relevant to the wor	rk? ☐ Yes ✓ No

Resta 2



Section 5. Polationships not sovered above
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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✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Dr. Resta reports grants from National Institutes of Health, grants from American Heart Association, during the conduct of the study; .

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Resta 3



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Identifying information.

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Relevant financial activities outside the submitted work. 3.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Walker 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Benjimen	2. Surname (Last Name) Walker	3. Date 07-January-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Thomas Resta	
5. Manuscript Title Altered Lipid Domains Facilitate Enhanc	ed Pulmonary Vasoconstr	riction Following Chronic Hypoxia	
6. Manuscript Identifying Number (if you known Red-2018-0318OC.R1	ow it)		
Section 2. The Work Under Co	nsideration for Public	cation	
		a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,	
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		re more than one entity press the "ADD" button to add a row.	
Name of Institution/Company	Grant? Personal Nor	n-Financial Other? Comments	
National Institutes of Health	✓		
American Heart Association	✓		
Section 3. Relevant financial a	activities outside the s	submitted work.	
of compensation) with entities as describ	oed in the instructions. Us ort relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts	
Do you have any patents, whether plann	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Walker 2



Section 5. Polationships not severed above
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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Walker reports grants from National Institutes of Health, grants from American Heart Association, during the conduct of the study; .

Evaluation and Feedback

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Walker 3



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Weise Cross 1



Section 1.	Identifying Inform	nation		
1. Given Name (Firs Laura	st Name)	2. Surname (Last Name) Weise Cross	3. Date 06-January-2020	
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Thomas C. Resta	
5. Manuscript Title Altered Lipid Don	nains Facilitate Enhand	ced Pulmonary Vasoconsti	iction Following Chronic Hypoxia	
6. Manuscript Ident Red-2018-031800	tifying Number (if you kn C.R1	now it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation) clicking the "Add	with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication .	
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts	
			oadly relevant to the work? Yes V No	

Weise Cross 2



Section 5.				
	Relationships not covered above			
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Continu				
Section 6.	Disclosure Statement			
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Dr. Weise Cross	has nothing to disclose.			

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1

Yan



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name Yan)	3. Date 06-January	y-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Correspondi Tom Resta	Corresponding Author's Name Tom Resta	
5. Manuscript Title Altered Lipid Do	e mains Facilitate Enhanc	ced Pulmonary Vasocoi	nstriction Follow	ving Chronic Hypoxia	
6. Manuscript Ider Red-2018-0318C	ntifying Number (if you kn OC.R1	ow it)			
Section 2.	The Work Under Co	onsideration for Pul	olication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill of Excess rows can	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	est? Yes No ormation below. If you g the "X" button.	, data monitoring nave more than	government, commercial, pri board, study design, manusc one entity press the "ADD	cript preparation,
Name of Institut	ion/Company	Grant? Personal I	Support?	Other Comments	
National Institutes of	Health	✓			
	l				
Section 3.	Relevant financial	activities outside th	e submitted v	vork.	
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	bed in the instructions port relationships that v est? Yes V	. Use one line for were present du o	ve financial relationships (r each entity; add as many ıring the 36 months prio	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plans	ned, pending or issued	, broadly relevar	nt to the work? Yes	✓ No

Yan 2



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Yan 3