

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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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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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)

Nara

2. Surname (Last Name)

Higano

3. Date

11-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Robert Thomen

5. Manuscript Title

'Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging

6. Manuscript Identifying Number (if you know it)

Blue-202001-0031LE.R1

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Are there any relevant conflicts of interest? Yes No

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Dr. Higano 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)

Andrew

2. Surname (Last Name)

Schapiro

3. Date

16-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Robert Thomen

5. Manuscript Title

Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging

6. Manuscript Identifying Number (if you know it)

Blue-202001-0031LE.R1

Section 2. The Work Under Consideration for Publication

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Dr. Schapiro 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)
Alan

2. Surname (Last Name)
Brody

3. Date
11-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Robert Thomen

5. Manuscript Title
Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging

6. Manuscript Identifying Number (if you know it)
Blue-202001-0031LE.R1

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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
Vertex Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research design consultant
MedQIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT scan reviews for CRO

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. Brody reports personal fees from Vertex Pharmaceuticals, personal fees from MedQIA, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jason 2. Surname (Last Name) Woods 3. Date 12-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
'Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging

6. Manuscript Identifying Number (if you know it)
Blue-202001-0031LE.R1

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vertex Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated grant unrelated

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. Woods reports grants from Vertex Pharmaceuticals, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zackary	2. Surname (Last Name) Cleveland	3. Date 16-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging		
6. Manuscript Identifying Number (if you know it) Blue-202001-0031LE.R1		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Clancy

3. Date
16-March-2020

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

5. Manuscript Title
Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging

6. Manuscript Identifying Number (if you know it)
Blue-202001-0031LE.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

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"/>	
CFF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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Section 6. Disclosure Statement

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Dr. Clancy reports grants from NIH, grants from CFF, during the conduct of the study; .

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Roach	3. Date 11-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Thomen, PhD
5. Manuscript Title Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging		
6. Manuscript Identifying Number (if you know it) Blue-202001-0031LE.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. Roach has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Walkup	3. Date 11-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jason Woods
5. Manuscript Title Regional structure and function in CF lung disease using hyperpolarized 129Xe and ultra-short echo MRI		
6. Manuscript Identifying Number (if you know it) Blue-202001-0031LE.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.)?

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Thomen

3. Date
10-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jason Woods

5. Manuscript Title
Regional structure-function in cystic fibrosis lung disease using hyperpolarized 129Xe and ultrashort echo magnetic resonance imaging

6. Manuscript Identifying Number (if you know it)
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