

instructions

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3

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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1.5

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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Section 1- Identifying Inform	nation	
1. Given Name (First Name) John	2. Surname (Last Name) Belperio	3. Date 07-October-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Transp	lant: A Multicenter Cohort Study
6. Manuscript Identifying Number (if you kr TBD	now it)	
Sertion 2. The Work Under G	onsideration for Publi	ation
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	y but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation.
Suction 5, Relevant financial	activities outside the	ubmitted work.
of compensation) with entities as descr	ibed in the instructions. Up port relationships that we	ether you have financial relationships (regardless of amount is one line for each entity; add as many lines as you need by ie present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty — Patents & Copyrig	jhts

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

CONTRACTOR NO.



Section 5. Relationships not covered above

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110)110 Disclosure Statement

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Dr. Belperio has nothing to disclose.		
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Continued			
Section 1. Identifying Inform	nation		
1. Given Name (First Name) S. Sam	2. Surname (Last Name) Weigt		3. Date 05-May-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Jamie Todd	me
5. Manuscript Title Risk Factors for Acute Rejection in the	First Year after Lung Trans	splant: A Multicenter Study	
6. Manuscript Identifying Number (if you ki Blue-201910-1915OC.R1	now it)		
Section 2. The Work Under C	onsideration for Publi	ication	
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 inter	g but not limited to grants, d		

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Weigt has nothing to disclose.

Evaluation and Feedback



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Section 1. Identifying Inform	mation	
identifying inor		
1. Given Name (First Name) Pali	2. Surname (Last Name) Shah	3. Date 09-September-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd
5. Manuscript Title Risk Factors for Acute Rejection in the	First Year after Lung Transı	plant: A Multicenter Cohort Study
6. Manuscript Identifying Number (if you k TBD	xnow it)	
Section 2. The Work Under C	Consideration for Publi	cation
		a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	rest? 🖌 Yes 🗌 No	
If yes, please fill out the appropriate in Excess rows can be removed by pressi	•	ve more than one entity press the "ADD" button to add a row.

Name of Institution/Company	Grant?	Personal Fees [?]	Non-Financial Support?	Other?	Comments	
National Institute of Health	\checkmark					

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Are there any relevant conflicts of interest? \Box Yes \checkmark 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. Shah reports grants from National Institute of Health, during the conduct of the study; .

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Laurie	2. Surname (Last Name) Snyder	3. Date 25-August-2019)
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd	
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Transı	lant: A Multicenter Cohort Study	
6. Manuscript Identifying Number (if you kr TBD	now it)	_	
Section 2			
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Are there any relevant conflicts of intere	est? Yes 🖌 No		

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	🗸 N	10
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1. Given Name (First Name) John	2. Surname (Last Name) Reynolds	3. Date 19-September-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Trans	plant: A Multicenter Cohort Study
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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Courtney	2. Surname (Last Name) Frankel		3. Date 26-August-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nai Jamie Todd	ne
5. Manuscript Title Risk Factors for Acute Rejection in the F	First Year after Lung Trans	blant: A Multicenter Cohort	Study
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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



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

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Ms. Frankel reports grants from NIAID, during the conduct of the study; .

Evaluation and Feedback



Instructions

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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Jerry	2. Surname (Last Name) Kirchner		3. Date 04-September-2019	
4. Are you the corresponding author? Yes V No Corresponding Author's Name Jamie Todd				
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Transp	blant: A Multicenter Cohort	Study	
6. Manuscript Identifying Number (if you kr TBD	now it)			
		_		
Section 2. The Work Under C	onsideration for Publi	cation		
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	g but not limited to grants, da	. , .	•	
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. U	se one line for each entity; a	add as many lines as you need by	
Are there any relevant conflicts of intere	est? Yes 🖌 No			

Section 4. Intellectual Property -- Patents & Copyrights

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--	-----	------	--



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Dr. Kirchner has nothing to disclose.

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Section 1. Identifying Informa	ation	
1. Given Name (First Name) Tereza	2. Surname (Last Name) Martinu	3. Date 23-August-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd
5. Manuscript Title Risk Factors for Acute Rejection in the Fi	rst Year after Lung Transpl	ant: A Multicenter Cohort Study
6. Manuscript Identifying Number (if you kno TBD	ow it)	
Section 2. The Work Under Co	onsideration for Publica	ation
	but not limited to grants, data	third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
,		e more than one entity press the "ADD" button to add a row.
Excess rows can be removed by pressing		
Name of Institution/Company		Financial Other? Comments

Section 3. Relevant financial activities outside the submitted work.

 \checkmark

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CTOT-22 grant

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? ✓ No Yes

NIH/NIAID



Section 5. Relationships not covered above

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Dr. Martinu reports grants from NIH/NIAID, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Michelle	2. Surname (Last Name) Sever	3. Date 09-September-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd
5. Manuscript Title Risk Factors for Acute Rejection in the F	First Year after Lung Trans	plant: A Multicenter Cohort Study
6. Manuscript Identifying Number (if you ki TBD	now it)	
Section 2		
Section 2. The Work Under C	onsideration for Publi	cation
		n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter-	est? 🖌 Yes 🗌 No	
If yes, please fill out the appropriate inf Excess rows can be removed by pressin		ve more than one entity press the "ADD" button to add a row.

Name of Institution/Company	Grant?	Personal Fees [?]	Non-Financial Support?	Other?	Comments	
NIAID/NIH	\checkmark					

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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Dr. Sever reports grants from NIAID/NIH, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Megan	2. Surname (Last Name) Neely		3. Date 07-October-2019	
4. Are you the corresponding author? Yes V No Corresponding Author's Name Jamie Todd				
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Trans	olant: A Multicenter Cohort	Study	
6. Manuscript Identifying Number (if you ki TBD	now it)			
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Are there any relevant conflicts of inter-	est? ∐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. Neely has nothing to disclose.

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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Nikki	2. Surname (Last Name) Williams	3. Date 11-September-2019		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd		
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Transp	olant: A Multicenter Cohort Study		
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	1 1		•	



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Ms. Williams has nothing to disclose.

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4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jamie Todd
5. Manuscript Title Risk Factors for A		e First Year after Lung Tran	splant: A Multicenter Cohort Study
6. Manuscript Ider TBD	ntifying Number (if you	know it)	

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.)?

🖌 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**.

No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Kamada		\checkmark			consulting	
Theravance		\checkmark			consulting	
Boehringer Ingelheim	\checkmark	\checkmark			consulting and grant support	
Onspira		\checkmark			consulting	
Altavant		\checkmark			consulting	
Incyte		\checkmark			consulting	



Section 4. Intellectual Property -- Patents & Copyrights

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

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Palmer reports personal fees from Kamada, personal fees from Theravance, grants and personal fees from Boehringer Ingelheim, personal fees from Onspira, personal fees from Altavant, personal fees from Incyte, outside the submitted work;.

Evaluation and Feedback



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Section 1. Idea		
Iden	tifying Information	
1. Given Name (First Nam Michael	e) 2. Surname (Last Shino	Name) 3. Date 09-September-2019
4. Are you the correspond	ding author? Yes 🖌 N	o Corresponding Author's Name Jaime L. Todd
5. Manuscript Title Risk Factors for Acute R	ejection in the First Year after	
6. Manuscript Identifying	Number (if you know it)	
Section 2. The V	Nork Under Consideration fo	r Publication
	ed work (including but not limited to g	ces from a third party (government, commercial, private foundation, etc.) for grants, data monitoring board, study design, manuscript preparation, No
Section 3. Relev	vant financial activities outsic	de the submitted work.

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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
		•	



Section 5. Relationships not covered above

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Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Shino has nothing to disclose.

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Cardian 1			
Section 1. Identifying Inform	ation		
1. Given Name (First Name) Lianne	2. Surname (Last Name) Singer	3. Date 10-Septe	ember-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie Todd	
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Transı	plant: A Multicenter Cohort Study	
6. Manuscript Identifying Number (if you kn TBD	.ow it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		-
If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation below. If you hav	/e more than one entity press the "A[DD" button to add a row.
	Borsonal No	n-Einancial	

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
NIH/NIAID	\checkmark					

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Are there any relevant conflicts of interest? \Box Yes \checkmark

es 🖌 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. Singer reports grants from NIH/NIAID, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Jamie	rst Name)	2. Surname (Last Name) Todd	3. Date 04-October-2019
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Risk Factors for A		First Year after Lung Transplant: A Multice	enter Study
6. Manuscript Ider TBD	ntifying Number (if you	know it)	
Section 2.	The Work Under	Consideration for Publication	

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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 <mark>?</mark>	Other?	Comments	
National Institute of Health	\checkmark				Grant to the institution	

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Boehringer Ingelheim	\checkmark				Grant to the institution	



Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Todd reports grants from National Institute of Health, during the conduct of the study; grants from Boehringer Ingelheim, outside the submitted work; .

Evaluation and Feedback



Instructions

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Wayne	2. Surname (Last Name) Tsuang		3. Date 30-August-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nam Jamie Todd	ne
5. Manuscript Title Risk Factors for Acute Rejection in the F	irst Year after Lung Transp	blant: A Multicenter Cohort S	itudy
6. Manuscript Identifying Number (if you kr TBD	now it)		
Continue 2			
Section 2. The Work Under Co	onsideration for Publi	cation	
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	but not limited to grants, da		
Section 3. Delevent financial			
Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	ibed in the instructions. U	se one line for each entity; ac	dd as many lines as you need by
Are there any relevant conflicts of intere	est? Yes 🖌 No		

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🗸 N	ю



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Continue 1			
Section 1. Identifying Inform	mation		
1. Given Name (First Name) Marie	2. Surname (Last Name) Budev		3. Date 05-May-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Jamie Todd MD	me
5. Manuscript Title is Risk Factors for Acute Rejection in th	e First Year after Lung Tra	nsplant: A Multicenter Study	ý
6. Manuscript Identifying Number (if you k Blue-201910-1915OC.R1	now it)		
Section 2. The Work Under C	Consideration for Publ	ication	
Did you or your institution at any time rec any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d		•

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Are there any relevant conflicts of interest?	Y	es 🗸	1	No
---	---	------	---	----

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
		•	



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Dr. Budev has nothing to disclose.

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Section 1. Identifying Info		
Identifying Info	rmation	
1. Given Name (First Name) Mark	2. Surname (Last Name) Robien	3. Date 07-May-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jamie L. Todd, MD
5. Manuscript Title Acute Rejection in the First Year after	r Lung Transplant: A Multice	enter Study
6. Manuscript Identifying Number (if you Blue-201910-1915OC.R1	ı know it)	
Section 2. The Work Under	Consideration for Publ	ication
	ing but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Ye	es 🗸	/	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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Dr. Robien has nothing to disclose.

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Pavlisko		3. Date 07-September-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Jamie Todd	me
5. Manuscript Title Risk Factors for Acute Rejection in the F	First Year after Lung Transp	olant: A Multicenter Cohort	Study
6. Manuscript Identifying Number (if you ki TBD	now it)		
Section 2. The Work Under C			
The Work Under C	onsideration for Publi	cation	
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 inter	g but not limited to grants, da		
Section 3. Delevent financial			
Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ibed in the instructions. Us port relationships that we	se one line for each entity; a	add as many lines as you need by

Do you have any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	✓ No	
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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Heather	2. Surname (Last Nan Kopetskie	ne)		3. Date 23-July-2020	
4. Are you the corresponding author?	Yes 🖌 No	Correspond Jamie L. T	ding Author's N odd	ame	
5. Manuscript Title Risk Factors for Acute Rejection in the Fi	rst Year after Lung Ti	ransplant: A Mult	icenter Study		
6. Manuscript Identifying Number (if you kno Blue-201910-1915OC.R1	ow it)				
Section 2. The Work Under Co	nsideration for P	ublication			
Did you or your institution at any time receiv any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to gran				:.) for
If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If you		one entity pr	ress the "ADD" button to add a	row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support	Other? Co	omments	
JIAID/NIH			coor UM2	serves as a statistical and rdinating center under Grant 2AI117870 on multiple transplant lies which I contribute to 6 of re.	

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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	
NIAID/NIH	\checkmark				Rho serves as a statistical and coordinating center under Grant UM2AI117870 on multiple transplant studies which I contribute to 6 of those.	

Section 4. Intellectual Property -- Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

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Dr. Kopetskie reports grants from NIAID/NIH, during the conduct of the study; grants from NIAID/NIH, outside the submitted work; .



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