

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

Chang 1



Section 1. Ider	ntifying Informa	tion						
1. Given Name (First Nan Eugene		2. Surname Chang	e (Last Name)			3. Date 10-July-2020		
4. Are you the correspon	4. Are you the corresponding author? Yes Volume No		-	Corresponding Author's Name Eugene Chang				
5. Manuscript Title RV infections in asthma	5. Manuscript Title RV infections in asthmatics increase ACE2 expression and cytokine pathways implicated in COVID-19							
6. Manuscript Identifying	g Number (if you know	w it)						
Section 2. The	Work Under Cor	sideratio	on for Publ	lication				
Did you or your institutio any aspect of the submitt	n at any time receive	e payment o	or services froi	m a third party (nt, commercial, private foo dy design, manuscript pre		c.) for
statistical analysis, etc.)? Are there any relevant	conflicts of interest	:? √ Y∈	es No					
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Name of Institution/Co	ompany	Grant? F	_	on-Financial Support [?]	Other?	Comments		
NIH/NHLBI		√				HL132523		
Section 3. Rele	vant financial ac	tivities o	outside the	submitted	work.			
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Are there any relevant								
If yes, please fill out the	e appropriate inforr	nation be	iow.					
Name of Entity		Grant?	_	on-Financial Support	Other?	Comments		

Chang 2



Section 4. Intellectual Drangutus	Detente 9 Comminhts
Intellectual Property	Patents & Copyrights
Do you have any patents, whether planned,	pending or issued, broadly relevant to the work? Yes Vo
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	t readers could perceive to have influenced, or that give the appearance of
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✓ No other relationships/conditions/circum	nstances that present a potential conflict of interest
	als will ask authors to confirm and, if necessary, update their disclosure statements. close further information about reported relationships.
Section 6. Disclosure Statement	
Disclosure Statement	
Based on the above disclosures, this form will below.	ll automatically generate a disclosure statement, which will appear in the box
Dr. Chang reports grants from NIH/NHLBI, d	uring the conduct of the study; .

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Chang 3



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Cusanovich 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Darren	2. Surname (Last Name) Cusanovich		3. Date 10-July-2020		
4. Are you the corresponding author?			Corresponding Author's Name Eugene Chang		
5. Manuscript Title RV infections in asthmatics increase ACE2 expression and cytokine pathways implicated in COVID-19					
6. Manuscript Identifying Number (if you kn	ow it)				
		-			
Section 2. The Work Under Co	onsideration for Public	ation			
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 interei If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, daest? Yes No ormation below. If you hav	ta monitoring board, st	udy design, manuscript preparation,		
Name of Institution/Company	Grant	n-Financial other?	Comments		
Section 3. Relevant financial	activities outside the s	ubmitted work.			
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intered If yes, please fill out the appropriate info	bed in the instructions. Us port relationships that wer est?	e one line for each er	ntity; add as many lines as you need		
Name of Entity	Grant	o-Financial upport?	Comments		

Cusanovich 2



Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					
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Dr. Cusanovich has nothing to disclose.					

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Cusanovich 3



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Li 1



Section 1. Identifying Inform	aation					
identifying inform	iation					
1. Given Name (First Name) Jianrong	2. Surname (Last Name) Li	3. Date 10-July-2020				
4. Are you the corresponding author?	author?					
5. Manuscript Title RV infections in asthmatics increase ACE2 expression and cytokine pathways implicated in COVID-19						
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	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,				
·	ormation below. If you hav	e more than one entity press the "ADD" button to add a row.				
Name of Institution/Company Grant Personal Fees Non-Financial Support Comments						
Section 3. Relevant financial	activities outside the s	ubmitted work.				
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Are there any relevant conflicts of interest?						
If yes, please fill out the appropriate information below.						
Name of Entity	Grant	Other? Comments				

Li 2



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Dr. Li has nothing to disclose.

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patent

Lussier 1



Section 1. Identifying Inform	nation					
Given Name (First Name) Yves	2. Surname (Last Name) Lussier	3. Date 10-July-2020				
4. Are you the corresponding author?	ne corresponding author? Yes Vo Corresponding Author's Name Eugene Chang					
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Name of Institution/Company	Grant	or-Financial Other? Comments				
NIH/NHLBI	✓	HL132523				
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Lussier 2



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Dr. Lussier reports grants from NIH/NHLBI, during the conduct of the study; .

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Lussier 3



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NIH/NHLBI		V		HL139054,HL091889,HL098112,HL056177	HL130045,	
NIH/NIEHS		✓		ES006614		
NIH/NIAID		✓		Al126614		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH/Office of the Director	✓				OD023282	
Johson & Johnson	✓				UA009253-0001	
Copeval		✓			Consultancy	
Soction 4						
Section 4. Intellectual Propert	ty Pate	ents & Cop	oyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No	
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Dr. Martinez reports grants from NIH/NH NIEHS, grants from NIH/NIAID, grants from Copeval, 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.

Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Liganded: The patent has been liganeed to an on

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

Pouladi 1



Section 1. Identifying Inform	aation					
identifying inform	iation					
1. Given Name (First Name) Nima	2. Surname (Last Name) Pouladi	3. Date 10-July-2020				
4. Are you the corresponding author?	esponding author? Yes Vo Corresponding Author's Name Eugene Chang					
5. Manuscript Title RV infections in asthmatics increase ACE2 expression and cytokine pathways implicated in COVID-19						
6. Manuscript Identifying Number (if you kn	now it)					
		-				
Section 2. The Work Under Co	onsideration for Public	ation				
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,				
•	ormation below. If you hav	e more than one entity press the "ADD" button to add a row.				
Name of Institution/Company Grant Personal Fees Non-Financial Support Comments						
Section 3. Relevant financial	activities outside the s	ubmitted work.				
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .				
Are there any relevant conflicts of interest? ✓ Yes No						
If yes, please fill out the appropriate info	If yes, please fill out the appropriate information below.					
Name of Entity	Grant	Other? Comments				

Pouladi 2



Section 4. Intellec	tual Property Patents & Copyrights				
Do you have any patents,	whether planned, pending or issued, broadly relevant to the work? Yes Volume No				
Section 5. Relation	onships not covered above				
	ps or activities that readers could perceive to have influenced, or that give the appearance of nat you wrote in the submitted work?				
Yes, the following relat	ionships/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. Disclos	ure Statement				
Based on the above disclo below.	sures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Pouladi has nothing to	disclose.				

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Pouladi 3



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.

Identifying information.

The work under consideration for publication.

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patent

Romanoski 1



Continue				
Section 1. Identifying Inform	nation			
Given Name (First Name) Casey	2. Surname (Last Name) Romanoski		3. Date 10-July-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author Eugene Chang	r's Name	
5. Manuscript Title RV infections in asthmatics increase ACE2 expression and cytokine pathways implicated in COVID-19				
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		_		
Section 2. The Work Under C	'anaidanatian fan Dubli	4:		
The work onder C	onsideration for Public			
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 pressir			y press the 7100 battom to dad a row	
Name of Institution/Company	Grant'	n-Financial other?	Comments	
NIH	✓		HL147187	
Section 3. Relevant financial	activities outside the s	submitted work.		
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	Tees 3	прроп		

Romanoski 2



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

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Romanoski 3



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Willis 1



Section 1. Identifying Inform	action			
identifying inform	iation			
Given Name (First Name) Amanda	2. Surname (Last Name) Willis	3. Date 10-July-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Eugene Chang		
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Name of Entity	Grant	Other? Comments		

Willis 2



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Willis 3