

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.

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.

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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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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Goncalo	2. Surname (Last Name) Rocha Abecasis	3. Date 27-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Esteban Burchard
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.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
National Heart Lung and Blood Institute (NIH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**.

Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Regeneron Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Goncalo Abecasis is currently an employee of Regeneron Pharmaceuticals. He has received salary, stock options, and stock grants from Regeneron Pharmaceuticals.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rocha Abecasis reports grants from National Heart Lung and Blood Institute (NIH), during the conduct of the study; personal fees and other from Regeneron 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)
Michael

2. Surname (Last Name)
Zody

3. Date
18-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eunice Y. Lee

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)
Blue-202002-0351OC.R1

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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. Zody has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Angel CY	2. Surname (Last Name) Mak	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eunice Lee
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.R1		

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Are there any relevant conflicts of interest? Yes No

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Dr. Mak has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Esteban G. 2. Surname (Last Name) Burchard 3. Date 20-May-2020

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

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Health, Lung, Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institute of Health, General Medical Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institute on Minority Health and Health Disparities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Tobacco-Related Disease Research Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOOD AND DRUG ADMINISTRATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sandler Family Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Burchard reports grants from National Institute of Health, Lung, Blood Institute, grants from National Institute of Health, General Medical Sciences, grants from National Institute on Minority Health and Health Disparities, grants from The Tobacco-Related Disease Research Program, grants from FOOD AND DRUG ADMINISTRATION, grants from Sandler Family Foundation, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cydney

2. Surname (Last Name)
Rios

3. Date
27-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Burchard, Esteban

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

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4. Intellectual Property.

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

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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) Deepti	2. Surname (Last Name) Jain	3. Date 19-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Esteban G. Burchard
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.R1		

Section 2. The Work Under Consideration for Publication

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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

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. Jain has nothing to disclose.

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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) Donglei	2. Surname (Last Name) Hu	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eunice Lee
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.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

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. Hu 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)
Celeste

2. Surname (Last Name)
Eng

3. Date
20-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eunice Lee

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)
Blue-202002-0351OC.R1

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eunice	2. Surname (Last Name) Lee	3. Date 26-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eunice Lee
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.R1		

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Are there any relevant conflicts of interest? Yes No

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Dr. Lee 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)
Soren

2. Surname (Last Name)
Germer

3. Date
18-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eunice Lee

5. Manuscript Title
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Dr. Germer 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)
Luke

2. Surname (Last Name)
Bonser

3. Date
19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eunice Lee

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)
Blue-202002-0351OC.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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Dr. Bonser has nothing to disclose.

Evaluation and Feedback

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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)
Max

2. Surname (Last Name)
Seibold

3. Date
26-May-2020

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

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)
Blue-202002-0351OC.R1

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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"/>	NIH Grants (P01 HL132821-01A1, R01 HL135156-01 , R01 MD010443-02, R01 HL128439-03, P01 HL107202-05)
DOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W81WH-16-2-0018

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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
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant to study asthma endotypes

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
medimmue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research grant to study asthma biomarkers
Genentech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant to study crispr-editing

Section 4. Intellectual Property -- Patents & Copyrights

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

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Invention: Methods of Identifying and treating subjects having inflammatory subphenotypes on asthma. In process: File No. 2879-178-PROV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Invention: Transcriptomic response of airway epithelial cells to IL-13. In process: File No. 2879-190-PROV-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Invention: Methods of diagnosing and treating subjects at risk of inflammation and/or exacerbation of a respiratory disease or condition In process: File No. 2879-191-PROV-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Invention: Methods and compositions for risk prediction, diagnosis, prognosis, and treatment of pulmonary disorders. Application #: PCT/US2011/022621, Filed: January 26, 2011	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Seibold reports grants from NIH, grants from DOD, during the conduct of the study; In addition, Dr. Seibold has a patent Invention: Methods of Identifying and treating subjects having inflammatory subphenotypes on asthma. In process: File No. 2879-178-PROV pending, a patent Invention: Transcriptomic response of airway epithelial cells to IL-13.
In process: File No. 2879-190-PROV-1 pending, a patent Invention: Methods of diagnosing and treating subjects at risk of inflammation and/or exacerbation of a respiratory disease or condition
In process: File No. 2879-191-PROV- pending, and a patent Invention: Methods and compositions for risk prediction, diagnosis, prognosis, and treatment of pulmonary disorders. Application #: PCT/US2011/022621, Filed: January 26, 2011 issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marquitta	2. Surname (Last Name) White	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eunice Y. Lee
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.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

Section 3. Relevant financial activities outside the submitted work.

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Dr. White 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)
Deborah

2. Surname (Last Name)
Nickerson

3. Date
19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eunice Lee

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Nickerson 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)
Satria

2. Surname (Last Name)
Sajuthi

3. Date
19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eunice Y. Lee

5. Manuscript Title
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Section 1. Identifying Information

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Walter

2. Surname (Last Name)
Eckalbar

3. Date
27-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Esteban Burchard

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)
Blue-202002-0351OC.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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Eckalbar 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) Elad	2. Surname (Last Name) Ziv	3. Date 26-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.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

Section 4. Intellectual Property -- Patents & Copyrights

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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)
David

2. Surname (Last Name)
Erle

3. Date
18-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Burchard (?)

5. Manuscript Title
Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)
Blue-202002-0351OC.R1

Section 2. The Work Under Consideration for Publication

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hyun Min

2. Surname (Last Name)
Kang

3. Date
27-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Esteban Buchard

5. Manuscript Title

Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth

6. Manuscript Identifying Number (if you know it)

Blue-202002-0351OC.R1

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Dr. Kang 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)
Jose

2. Surname (Last Name)
Rodriguez-Santana, MD

3. Date
26-May-2020

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Health, Heart, Lung, Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Rodriguez-Santana, MD reports grants from National Institute of Health, Heart, Lung, Blood Institute, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Scott	2. Surname (Last Name) Huntsman	3. Date 22-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eunice Lee
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.R1		

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Dr. Huntsman has nothing to disclose.

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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.

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.

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.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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

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Section 1. Identifying Information

1. Given Name (First Name) Kevin	2. Surname (Last Name) Keys	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eunice Y. Lee
5. Manuscript Title Whole Genome Sequencing Identifies Novel Functional Loci Associated with Lung Function in Puerto Rican Youth		
6. Manuscript Identifying Number (if you know it) Blue-202002-0351OC.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

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**.

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

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. Keys has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.