

Instructions

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

Rocha Abecasis 1



| Section 1. Identifying Inform | nation | | |
|--|--|-------------------------|---|
| identifying inform | nation | | |
| Given Name (First Name) Goncalo | 2. Surname (Last Name) Rocha Abecasis | | 3. Date 27-May-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Auth | or's Name |
| 5. Manuscript Title Whole Genome Sequencing Identifies | Novel Functional Loci Ass | sociated with Lung Fur | nction in Puerto Rican Youth |
| 6. Manuscript Identifying Number (if you k Blue-202002-0351OC.R1 | now it) | | |
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| Section 2. The Work Under C | onsideration for Publ | lication | |
| Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? | | | ent, commercial, private foundation, etc.) for audy design, manuscript preparation, |
| Are there any relevant conflicts of inter | est? 🗸 Yes No | | |
| | | ave more than one ent | ity press the "ADD" button to add a row. |
| Excess rows can be removed by pressing | | | |
| Name of Institution/Company | Grant• | on-Financial Support? | Comments |
| National Heart Lung and Blood Institute (NIH) | ✓ | | |
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| Section 3. Relevant financial | activities outside the | submitted work | |
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| Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re | ribed in the instructions. \ | Jse one line for each e | |
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| If yes, please fill out the appropriate inf | | | |
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| Name of Entity | Grant' | on-Financial Support? | Comments |
| Regeneron Pharmaceuticals | | | Goncalo Abecasis is currently an |
| | | | employee of Regeneron Pharmaceuticals. He has received salary, stock options, and stock grants from Regeneron |

Rocha Abecasis 2

Pharmaceuticals.



| Soutien A |
|---|
| Section 4. Intellectual Property Patents & Copyrights |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No |
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| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| 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; . |

Evaluation and Feedback

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Rocha Abecasis 3



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Zody 1



| Section 1. Identifying Inform | nation | |
|---|--|--|
| 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 Asso | ociated with Lung Function in Puerto Rican Youth |
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| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
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| of compensation) with entities as descr | ribed 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 plan | nned, pending or issued, br | roadly relevant to the work? Yes V No |

Zody 2



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| Dr. Zody has nothing to disclose. |

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Mak 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| Given Name (First Name) Angel CY | 2. Surname (Last Name) Mak | 3. Date 18-May-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Eunice Lee |
| 5. Manuscript Title Whole Genome Sequencing Identifies I | Novel Functional Loci Asso | ociated with Lung Function in Puerto Rican Youth |
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| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No |

Mak 2



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| Dr. Mak has noth | ning to disclose. |

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Burchard 1



| Section 1. Identifying Inform | ation | | | | | |
|---|---|--------------------------------------|-------------------------|--------------|--|--|
| 1. Given Name (First Name) Esteban G. | 2. Surnar Burchard | me (Last Nar d | ne) | | 3. Date 20-May-2020 | |
| 4. Are you the corresponding author? | Yes | ✓ No | Correspond Eunice Le | - | or's Name | |
| 5. Manuscript Title Whole Genome Sequencing Identifies N | ovel Func | tional Loci | Associated with | Lung Fun | ction in Puerto Rican Youth | |
| 6. Manuscript Identifying Number (if you kn Blue-202002-0351OC.R1 | ow it) | | | | | |
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| Section 2. The Work Under Co | nsidera | tion for P | ublication | | | |
| Did you or your institution at any time receinany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest lf yes, please fill out the appropriate info Excess rows can be removed by pressing | but not limst? \(\sqrt{\sqrt{\gamma}} \) rmation b | nited to gran Yes pelow. If yo | nts, data monitoring | g board, stu | udy design, manuscript preparation, | |
| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
| National Institute of Health, Lung, Blood nstitute | ✓ | | | | | |
| National Institute of Health, General Medical Sciences | ✓ | | | | | |
| National Institute on Minority Health and Health Disparities | ✓ | | | | | |
| Fhe Tobacco-Related Disease Research Program | ✓ | | | | | |
| FOOD AND DRUG ADMINISTRATION | ✓ | | | | | |
| Sandler Family Foundation | ✓ | | | | | |
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| Section 3. Relevant financial a | activities | outside ' | the submitted | work. | | |
| Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere | bed in the ort relatio | instruction onships tha | ns. Use one line fo | or each er | ntity; add as many lines as you need k | |

Burchard 2



| Section 4. Intellectual Property Patents & Copyrights |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo |
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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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Rios 1



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|---|---|--|
| 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 I | Novel Functional Loci Asso | ociated with Lung Function in Puerto Rican Youth |
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Rios 2



| Section 5. | |
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Royalties: Funds are coming in to you or your institution due to your patent

Jain 1



| Section 1. Identifying Infor | mation | |
|--|---|--|
| 1. Given Name (First Name) Deepti | 2. Surname (Last Name) Jain | 3. Date 19-May-2020 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Esteban G. Burchard |
| 5. Manuscript Title Whole Genome Sequencing Identifies | s Novel Functional Loci Asso | ciated with Lung Function in Puerto Rican Youth |
| 6. Manuscript Identifying Number (if you Blue-202002-0351OC.R1 | know it) | |
| | | |
| Section 2. The Work Under | Consideration for Public | cation |
| | ng but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financia | al activities outside the s | submitted work. |
| of compensation) with entities as desc | cribed in the instructions. Us report 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 Prop | Data de Consti | J.C. |
| Intellectual Prop | erty Patents & Copyric | ints ———————————————————————————————————— |
| Do you have any patents, whether pla | anned, pending or issued, br | oadly relevant to the work? Yes V No |

Jain 2



| Section 5. | |
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| Rection 5. | elationships not covered above |
| | ionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work? |
| Yes, the followin | g relationships/conditions/circumstances are present (explain below): |
| ✓ No other relation | nships/conditions/circumstances that present a potential conflict of interest |
| | script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Is may ask authors to disclose further information about reported relationships. |
| Section 6. Di | sclosure Statement |
| Based on the above below. | disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Jain has nothing | to disclose. |

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Jain 3



Instructions

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Hu 1



| Section 1. Identifying Inform | nation | | | | | | |
|---|---|--|--|--|--|--|--|
| 1. Given Name (First Name) Donglei | 2. Surname (Last Name) Hu | 3. Date 18-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 Asso | ociated with Lung Function in Puerto Rican Youth | | | | | |
| 6. Manuscript Identifying Number (if you k Blue-202002-0351OC.R1 | now it) | | | | | | |
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| Section 2. The Work Under C | onsideration for Publi | cation | | | | | |
| any aspect of the submitted work (including statistical analysis, etc.)? | 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 s | 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 Vo | | | | | | | |
| Section 4. Intellectual Prope | rty Patents & Copyri | ghts | | | | | |
| Do you have any patents, whether plan | nned, pending or issued, br | roadly relevant to the work? Yes V No | | | | | |

Hu 2



| Section 5. | |
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| becaron 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follow | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | 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. |
| | 1 |
| Section 6. | Disclosure Statement |
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| Dr. Hu has nothi | ng to disclose. |

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Eng 1



| Section 1. | Identifying Inform | nation | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Eng | 3. Date 20-May-2020 | | | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Eunice Lee | | | | |
| 5. Manuscript Title Whole Genome S | | Novel Functional Loci Asso | ciated with Lung Function in | n Puerto Rican Youth | | | |
| 6. Manuscript Ider Blue-202002-035 | ntifying Number (if you kr 51OC.R1 | now it) | | | | | |
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| Section 2. | The Work Under Co | onsideration for Public | cation | | | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, com ta monitoring board, study des | nmercial, private foundation, etc.) for sign, manuscript preparation, | | | |
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| of compensation clicking the "Add |) with entities as descri | bed in the instructions. Us port relationships that wer | se one line for each entity; ac | ationships (regardless of amount dd as many lines as you need by onths prior to publication. | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyric | yhts | | | | |
| Do you have any | | | oadly relevant to the work? | ☐ Yes ✓ No | | | |

Eng 2



| Section F | |
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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 | |
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Lee 1



| Section 1. | Identifying Inform | nation | | | | | |
|--|---------------------------------------|---|---|--|--|--|--|
| 1. Given Name (Fi Eunice | rst Name) | 2. Surname (Last Name) Lee | 3. Date 26-May-2020 | | | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Eunice Lee | | | | |
| 5. Manuscript Title Whole Genome S | | Novel Functional Loci Asso | ciated with Lung Function in | n Puerto Rican Youth | | | |
| 6. Manuscript Ider Blue-202002-035 | ntifying Number (if you kr 510C.R1 | now it) | | | | | |
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| Section 3. | Relevant financial | activities outside the s | submitted work. | | | | |
| of compensation clicking the "Add |) with entities as descri | ibed in the instructions. Us port relationships that wer | se one line for each entity; ac | ntionships (regardless of amount dd as many lines as you need by onths prior to publication. | | | |
| Section 4. | Intellectual Proper | rty Patents & Copyric | ghts | | | | |
| Do you have any | | | oadly relevant to the work? | ☐ Yes ✓ No | | | |

Lee 2



| Section 5. Polationships not sovered above |
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| Relationships not covered above |
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Germer 1



| Section 1. | Identifying Inform | nation | | | | |
|--|---------------------------------------|---|---|--|--|--|
| 1. Given Name (Fii Soren | rst Name) | 2. Surname (Last Name) Germer | 3. Date 18-May-2020 | | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Nam | ne | | |
| 5. Manuscript Title Whole Genome S | | Novel Functional Loci Asso | ciated with Lung Function ir | n Puerto Rican Youth | | |
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| any aspect of the s statistical analysis, | ubmitted work (including | g but not limited to grants, da | a third party (government, com Ita monitoring board, study des | nmercial, private foundation, etc.) for ign, manuscript preparation, | | |
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| of compensation clicking the "Add | ı) with entities as descri | ibed in the instructions. Us port relationships that wer | • | ntionships (regardless of amount dd as many lines as you need by onths prior to publication. | | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? | ☐ Yes 🗸 No | | |

Germer 2



| Section 5. | |
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| Section 5. | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
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Royalties: Funds are coming in to you or your institution due to your patent

Bonser 1



| Section 1. | Identifying Inform | nation | | | | | |
|--|---------------------------------------|---|---|---|--|--|--|
| 1. Given Name (Fi Luke | rst Name) | 2. Surname (Last Name) Bonser | 3. Date 19-May-2020 | | | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Eunice Lee | | | | |
| 5. Manuscript Title Whole Genome S | | Novel Functional Loci Asso | ciated with Lung Function in | n Puerto Rican Youth | | | |
| 6. Manuscript Ider Blue-202002-035 | ntifying Number (if you kr 510C.R1 | now it) | | | | | |
| | | | _ | | | | |
| Section 2. | The Work Under Co | onsideration for Public | ation | | | | |
| any aspect of the s statistical analysis, | ubmitted work (including | g but not limited to grants, da | a third party (government, com ta monitoring board, study desi | mercial, private foundation, etc.) for ign, manuscript preparation, | | | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | | | | |
| of compensation clicking the "Add |) with entities as descri | ibed in the instructions. Us port relationships that wer | | tionships (regardless of amount ld as many lines as you need by onths prior to publication. | | | |
| Section 4. | Intellectual Proper | rty Patents & Copyri <u>c</u> | jhts | | | | |
| Do you have any | | | oadly relevant to the work? | ☐ Yes ✓ No | | | |

Bonser 2



| Section 5. | |
|------------------|--|
| Section 5. | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | ationships/conditions/circumstances that present a potential conflict of interest |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships. |
| Section 6. | Disclosure Statement |
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| Dr. Bonser has n | othing to disclose. |

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Bonser 3



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Seibold 1



| Continu 1 | | | | | | | |
|--|----------------------|----------------|--------------------------|---|--|--|--|
| Section 1. Identifying Information | ation | | | | | | |
| Given Name (First Name) Max | 2. Surnar Seibold | me (Last Name) | | | 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 N | ovel Func | tional Loci As | sociated with I | Lung Fur | action in Puerto Rican Youth | | |
| 6. Manuscript Identifying Number (if you known Blue-202002-0351OC.R1 | ow it) | | | | | | |
| | | | | | | | |
| Section 2. The Work Under Co | nsidera | tion for Pub | lication | | | | |
| Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? | | | | | | | |
| Are there any relevant conflicts of interes | لــــــا | | | | | | |
| If yes, please fill out the appropriate info Excess rows can be removed by pressing | | • | nave more than | one ent | ity press the "ADD" button to add a row. | | |
| Name of Institution/Company | Grant? | Personal N | lon-Financial Support | Other? | Comments | | |
| NIH | ✓ | | | | NIH Grants (P01 HL132821-01A1, R01 HL135156-01, R01 MD010443-02, R01 HL128439-03, P01 HL107202-05) | | |
| DOD | ✓ | | | | W81WH-16-2-0018 | | |
| | | | | | | | |
| | | | | | | | |
| Section 3. Relevant financial a | ctivities | outside the | e submitted | work. | | | |
| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep | ed in the | instructions. | Use one line fo | or each e | ntity; add as many lines as you need by | | |
| Are there any relevant conflicts of interes | | |) | | | | |
| If yes, please fill out the appropriate info | rmation b | elow. | | | | | |
| Name of Entity | Grant? | Personal N | lon-Financial | Other? | Comments | | |
| | | Fees? | Support? | Other | | | |
| Pfizer | | | | | Research Grant to study asthma | | |

Seibold 2



| Name of Entity | G | rant• | ersonal Fees | Non-Financial Support? | Other? | Com | ments | |
|---|--------------|------------|-----------------|------------------------|---------|-------------------|---|------|
| medimmue | | | | | | researc biomar | h grant to study asthma kers | |
| Genentech | | | | | | Researc | ch grant to study crispr-editing | |
| | | | | | | | | |
| Section 4. Intellectual | Property - | Patent | ts & Cop | yrights | | | | |
| Do you have any patents, wheth If yes, please fill out the approp Excess rows can be removed by | riate inform | ation belo | ow. If you | • | | | ✓ Yes No s the "ADD" button to add a | row. |
| Patent <mark>?</mark> | Pending? | Issued | License | ed? Royalties? | License | e? | Comments | |
| Invention: Methods of Identifying and treating subjects having inflammatory subphenotypes on asthma. In process: File No. 2879-178-PROV | ✓ | | | | | | | |
| Invention: Transcriptomic response of airway epithelial cells to IL-13. In process: File No. 2879-190-PROV-1 | ✓ | | | | | | | |
| 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- | ✓ | | | | | | | |
| Invention: Methods and compositions for risk prediction, diagnosis, prognosis, and treatment of pulmonary disorders. Application #: PCT/US2011/022621, Filed: January 26, 2011 | | ✓ | | | | | | |

Seibold 3

treatment of pulmonary disorders. Application #: PCT/US2011/022621, Filed:

ICMJE Form for Disclosure of Potential Conflicts of Interest

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| 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. | s. |
| Section 6. Disalegure Statement | |
| Disclosure Statement | |
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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 | |

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January 26, 2011 issued.

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Seibold



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White 1



| Section 1. Identifying Inform | nation | | | |
|---|---------------------------------|---|--|--|
| 1. Given Name (First Name) Marquitta | 2. Surname (Last Name) White | 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 Asso | ciated with Lung Function in Puerto Rican Youth | | |
| 6. Manuscript Identifying Number (if you k Blue-202002-0351OC.R1 | now it) | | | |
| | | - | | |
| Section 2. The Work Under C | Consideration for Public | cation | | |
| 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. Polymore Granding | | b | | |
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| Section 4. Intellectual Prope | rty Patents & Copyric | ghts | | |
| Do you have any patents, whether plan | | | | |

White 2



| Section 5. Relationships not covered above |
|--|
| helationships 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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Nickerson 1



| Section 1. Identifying Inform | nation | | | |
|---|-------------------------------------|--|--|--|
| 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 Whole Genome Sequencing Identifies | Novel Functional Loci Asso | ociated with Lung Function in Puerto Rican Youth | | |
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| Section 4. Intellectual Prope | rty Patents & Copyrig | ghts | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Nickerson 2



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| Relationships not covered above |
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Sajuthi 1



| Section 1. Identifying Inform | nation | | | |
|--|-----------------------------------|--|--|--|
| 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 Whole Genome Sequencing Identifies I | Novel Functional Loci Asso | ociated with Lung Function in Puerto Rican Youth | | |
| 6. Manuscript Identifying Number (if you ki Blue-202002-0351OC.R1 | now it) | | | |
| | | | | |
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| Section 4. Intellectual Prope | rty Patents & Copyri | ghts | | |
| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No | | |

Sajuthi 2



| Section 5. Relationships not covered above |
|--|
| helationships not covered above |
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| Dr. Sajuthi has nothing to disclose. |

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Sajuthi 3



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

Relationships not covered above.

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Issued: The patent has been issued by the agency

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

Eckalbar 1



| Section 1. | Identifying Inform | nation | | | |
|---|---------------------------------------|------------------------------------|---|--|--|
| 1. Given Name (Fi Walter | rst Name) | 2. Surname (Last Name) Eckalbar | 3. Date 27-May-2020 | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Esteban Burchard | | |
| 5. Manuscript Title Whole Genome | | Novel Functional Loci Asso | ciated with Lung Function in Puerto Rican Youth | | |
| 6. Manuscript Idea | ntifying Number (if you kr 51OC.R1 | now it) | | | |
| | | | _ | | |
| Section 2. | The Work Under C | onsideration for Public | cation | | |
| 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 s | 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 Vo | | | | | |
| Section 4. | Intellectual Prope | rty Patents & Copyric | yhts | | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | |

Eckalbar 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? |
| 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. Eckalbar 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.

Eckalbar 3



Instructions

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Ziv 1



| Section 1. Identifying Inform | mation | | | |
|---|-------------------------------|---|--|--|
| 1. Given Name (First Name) Elad | 2. Surname (Last Name) Ziv | 3. Date 26-May-2020 | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name | | |
| 5. Manuscript Title Whole Genome Sequencing Identifies | Novel Functional Loci Asso | ciated with Lung Function in Puerto Rican Youth | | |
| 6. Manuscript Identifying Number (if you k Blue-202002-0351OC.R1 | now it) | _ | | |
| | | | | |
| Section 2. The Work Under C | Consideration for Public | ation | | |
| 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 Vo | | | | |
| Section 3. Relevant financial | activities outside the s | ubmitted 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 Vo | | | | |
| Section 4. Intellectual Prope | rty Patents & Copyrig | jhts | | |
| Do you have any patents, whether plan | nned, pending or issued, br | oadly relevant to the work? Yes V No | | |

Ziv 2



| Section 5. | |
|------------------|---|
| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | 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. |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
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| | |

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Ziv 3



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

Erle 1



| Section 1. | Identifying Inform | nation | | |
|--|---------------------------------------|-------------------------------|-----------------------------------|----------------------------|
| 1. Given Name (Fi David | rst Name) | 2. Surname (Last Name Erle | 2) | 3. Date 18-May-2020 |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author Burchard (?) | 's Name |
| 5. Manuscript Title Whole Genome : | | Novel Functional Loci A | ssociated with Lung Func | tion in Puerto Rican Youth |
| 6. Manuscript Ider Blue-202002-035 | ntifying Number (if you kn 510C.R1 | now it) | | |
| | | | | |
| Section 2. | The Work Under Co | onsideration for Pul | blication | |
| 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 Institut | ion/Company | Grant? Personal Fees? | Non-Financial Support? | Comments |
| NIH | | ✓ | | |
| | ı | | | |
| Section 3. | Relevant financial | activities outside th | e 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 Vo | | | | |
| Section 4. | Intellectual Proper | ty Patents & Copy | yrights | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Erle 2



| Section 5. Polationships not severed above |
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| Dr. Erle reports grants from NIH, during the conduct of the study; . |

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Erle 3



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Kang 1



| Section 1. | Identifying Inform | nation | |
|---|---------------------------------------|--------------------------------|--|
| 1. Given Name (Fi Hyun Min | rst Name) | 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 S | | Novel Functional Loci Asso | ciated with Lung Function in Puerto Rican Youth |
| 6. Manuscript Ider Blue-202002-035 | ntifying Number (if you kr 51OC.R1 | now it) | |
| | | | |
| Section 2. | The Work Under Co | onsideration for Public | cation |
| any aspect of the s statistical analysis, | ubmitted 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. |
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| Section 4. | Intellectual Proper | ty Patents & Copyric | ghts |
| Do you have any | | | oadly relevant to the work? Yes V No |

Kang 2



| Section 5. | |
|---------------------------|---|
| R | elationships not covered above |
| | tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work? |
| Yes, the following | ng relationships/conditions/circumstances are present (explain below): |
| ✓ No other relatio | nships/conditions/circumstances that present a potential conflict of interest |
| | iscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Ils may ask authors to disclose further information about reported relationships. |
| Section 6. D | isclosure Statement |
| Based on the above below. | disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Kang has nothir | ng to disclose. |

Evaluation and Feedback

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Kang 3



Instructions

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Rodriguez-Santana, MD 1



| Section 1. Identifying Inform | ation | | |
|---|---|---|---|
| 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 | or's Name |
| 5. Manuscript Title Whole Genome Sequencing Identifies N | ovel Functional Loci Assoc | iated with Lung Fund | ction in Puerto Rican Youth |
| 6. Manuscript Identifying Number (if you kn Blue-202002-0351OC.R1 | 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 intere If yes, please fill out the appropriate info Excess rows can be removed by pressing | but not limited to grants, dat st? Yes No rmation below. If you have | a monitoring board, stu | udy design, manuscript preparation, |
| Name of Institution/Company | Grant | -Financial Other? | Comments |
| National Institute of Health, Heart, Lung, Blood nstitute | V | | |
| | | | |
| Section 3. Relevant financial a | activities outside the s | ubmitted work. | |
| Place a check in the appropriate boxes in of compensation) with entities as describle clicking the "Add +" box. You should repart there any relevant conflicts of interests. | oed in the instructions. Use ort relationships that were st? Yes V No | e one line for each en e present during the | itity; add as many lines as you need by |
| Section 4. Intellectual Proper | ty Patents & Copyrig | hts | |
| Do you have any patents, whether plann | ned, pending or issued, bro | oadly relevant to the | work? Yes Vo |

Rodriguez-Santana, MD 2



| Section 5. Polationships not severed above | | |
|--|--|--|
| Relationships not covered above | | |
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| Disclosure Statement | | |
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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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Rodriguez-Santana, MD 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.

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.

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

Huntsman 1



| Section 1. | Identifying Inform | nation | | |
|---|---------------------------------------|------------------------------------|--|--|
| Given Name (Fire Scott) | rst Name) | 2. Surname (Last Name) Huntsman | | 3. Date 22-May-2020 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nam | ne |
| 5. Manuscript Title Whole Genome S | | Novel Functional Loci Asso | ciated with Lung Function ir | n Puerto Rican Youth |
| 6. Manuscript Ider Blue-202002-035 | ntifying Number (if you kr 510C.R1 | now it) | | |
| | | | _ | |
| Section 2. | The Work Under C | onsideration for Public | cation | |
| any aspect of the s statistical analysis, | ubmitted work (including | g but not limited to grants, da | a third party (government, com ta monitoring board, study des | nmercial, private foundation, etc.) for sign, manuscript preparation, |
| Section 3. | Relevant financial | activities outside the s | 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 Vo | | | | |
| Section 4. | Intellectual Proper | rty Patents & Copyri <u>c</u> | yhts | |
| Do you have any | | | oadly relevant to the work? | ☐ Yes ✓ No |

Huntsman 2



| Section 5. Relationships 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? |
| 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 |
| Disclosure statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Huntsman 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.

Huntsman 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.

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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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

Keys 1



| Section 1. Identifying Inform | nation | | |
|---|---------------------------------|--|--|
| 1. Given Name (First Name) Kevin | 2. Surname (Last Name) Keys | 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 Asso | ociated with Lung Function in Puerto Rican Youth | |
| 6. Manuscript Identifying Number (if you k Blue-202002-0351OC.R1 | now it) | | |
| | | | |
| Section 2. The Work Under C | onsideration for Public | cation | |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, | |
| Section 3. Relevant financial | activities outside the s | 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 Vo | | | |
| Section 4. Intellectual Prope | rty Patents & Copyric | ghts | |
| Do you have any patents, whether plan | nned, pending or issued, br | roadly relevant to the work? Yes V No | |

Keys 2



| Section 5. | Deletional in a set account above |
|-------------------|---|
| | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follow | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | 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. |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Keys has noth | hing to disclose. |

Evaluation and Feedback

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

Keys 3