

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.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Bime

3. Date
17-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Neeta Thakur

5. Manuscript Title

The Structural and Social Determinants of the Racial/Ethnic Disparities in the U.S. COVID-19 Pandemic: What's Our Role?

6. Manuscript Identifying Number (if you know it)

Blue-202005-1523PP.R1

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Dr. Bime 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)
Juan C.

2. Surname (Last Name)
Celedon

3. Date
16-July-2020

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

5. Manuscript Title
The Structural and Social Determinants of the Racial/Ethnic Disparities in the U.S. COVID-19 Pandemic: What's Our Role?

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Dr. Celedon has received research materials from Merck and GSK (inhaled steroids) and Pharmavite (vitamin D and placebo capsules) to provide medications free of cost to participants in NIH-funded studies, unrelated to the current work. Dr Celedon is President of the American Thoracic Society.

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1. Given Name (First Name)
Juan

2. Surname (Last Name)
Wisnivesky

3. Date
16-July-2020

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

5. Manuscript Title
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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------|
| GSK, Sanofi, Banook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | consulting, grant |

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Neeta

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Thakur

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16-July-2020

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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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NHLBI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Thakur reports grants from NHLBI, during the conduct of the study; .

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1. Given Name (First Name)
Stephanie

2. Surname (Last Name)
Lovinsky-Desir

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19-July-2020

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Corresponding Author's Name
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