

Instructions

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

patent

Axelrod 1



Section 1. Identifying Inf	ormation	
identifying init	ormation	
Given Name (First Name) Matthew	2. Surname (Last Name) Axelrod	3. Date 10-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name John H. Stone
5. Manuscript Title Tocilizumab in COVID-19 Infection		
6. Manuscript Identifying Number (if yo	ou know it)	
Section 2. The Work Unde	r Consideration for Publi	cation
	ding 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 finance	ial activities outside the	submitted work.
of compensation) with entities as declicking the "Add +" box. You should Are there any relevant conflicts of in	escribed in the instructions. Used report relationships that we	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 Pro	perty Patents & Copyri	ghts
Do you have any patents, whether p	planned, pending or issued, bu	roadly relevant to the work? Yes V No

Axelrod 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 ncing, what you wrote in the submitted work?				
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relat	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 below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Axelrod has n	nothing to disclose.				

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Axelrod 3



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

Bensaci 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Ana Maria	rst Name)	2. Surname (Last Name) Bensaci	3. Date 13-October-2020
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Idea	ntifying Number (if you kı	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	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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Bensaci 2



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Dr. Bensaci has r	nothing to disclose.

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



Section 1. Identifying Inform	nation				
Given Name (First Name) Marcy	2. Surname (Last Na Bolster	ime)	3. Date 29-Sept	ember-2020	
4. Are you the corresponding author?	Yes ✓ No	Correspond John H. St	ling Author's Name one		
5. Manuscript Title Tocilizumab in COVID-19 Infection					
6. Manuscript Identifying Number (if you kr 20-28836	now it)				
Section 2. The Work Under Co	onsideration for F	Publication			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to gra				c.) for
Section 3. Relevant financial	activities outside	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the same of the sam	ibed in the instruction port relationships the est? Yes	ons. Use one line fo	or each entity; add as ma	ny lines as you need	d by
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments		
Amgen	/		partial salary sup rheumatology fo		
AbbVie	V		partial salary super rheumatology for Educational gran collaborative sy	ellow's salary, and nt for a fellows'	
Pfizer	✓		Educational grace collaborative sy		
Cumberland	✓		Clinical trial in so	:leroderma	
Corbus Pharmaceuticals	✓		Clinical trial in so	:leroderma	



Name of Entity	Grant?	Personal	Non-Financial	Other?	Comments
Gilead Sciences		Fees.	Support		Advisory Board
Custom Learning Designs		▼			Consulting for educational materials
Merck Manual		✓			Honorarium for chapter contribution and updates
American Board of Internal Medicine		/			Honorarium for participation on ABIM Council, ABIM Rheumatology Board, ABIM Rheumatology Exam Committee
Johnson & Johnson				✓	Investments
Section 4. Intellectual Property Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No					
Section 5. Polationships not sovered 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.					
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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. Bolster reports grants from Amgen, grants from AbbVie, grants from Pfizer, grants from Cumberland, grants from Corbus Pharmaceuticals, personal fees from Gilead Sciences, personal fees from Custom Learning Designs, personal fees from Merck Manual, personal fees from American Board of Internal Medicine, other from Johnson & Johnson, outside the submitted work; .					



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Bowman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Bowman	3. Date 19-September-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name John H. Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	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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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Bowman 2



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Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):				
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Collier 1



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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

Cubbison 1



Section 1.	lentifying Informa	ation		
1. Given Name (First N Caroline	lame)	2. Surname (Last Name) Cubbison		3. Date 19-October-2020
4. Are you the corresp	onding author?	Yes ✓ No	Corresponding Author's Na John Stone	me
5. Manuscript Title Tocilizumab In COVI	D-19 Infection			
6. Manuscript Identify 20-28836	ring Number (if you kno	ow it)		
Section 2. Th	ne Work Under Co	nsideration for Pub	lication	
	nitted work (including)?	but not limited to grants,	m a third party (government, co data monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3. Re	elevant financial a	activities outside the	submitted work.	
of compensation) wi	ith entities as descrik box. You should rep	oed in the instructions. ort relationships that w	Use one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4. In	tellectual Propert	ty Patents & Copyi	rights	
Do you have any pat	tents, whether plann	ed, pending or issued,	broadly relevant to the work?	? ☐ Yes ✓ No

Cubbison 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 ncing, what you wrote in the submitted work?				
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest				
	nuscript 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 below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Cubbison has	s nothing to disclose.				

Evaluation and Feedback

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Cubbison 3



Instructions

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Dagher 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Zeina		2. Surname (Last Name) Dagher	3. Date 19-September-2020		
4. Are you the corresponding author?		Yes Vo	Corresponding Author's Name John Stone		
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection				
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)			
	I				
Section 2.	The Work Under C	onsideration for Publi	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	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 planned, pending or issued, broadly relevant to the work? Yes Vo					

Dagher 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 ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript 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. Dagher has n	othing to disclose.

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Dagher 3



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Dau 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Z. Surname (Last N Dau		2. Surname (Last Name) Dau	3. Date 02-October-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name John H. Stone		
5. Manuscript Title Tocilizumab in Co	OVID-19 Infection				
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	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 Vo					
Section 3.	Relevant financial	activities outside the s	submitted work.		
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Section 4.	Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Dau 2



Section 5.					
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Dr. Dau has noth	ning to disclose.				

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patent

Dougan 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

	Dougan				3. Date 19-October-2020	
4. Are you the corresponding author?	Yes	√ No	Correspond John H Sta	ding Author one	r's Name	
5. Manuscript Title Tocilizumab In COVID-19 Infection						
6. Manuscript Identifying Number (if you 20-28836	know it)					
Section 2. The Work Under	Considera	tion for P	ublication			
Did you or your institution at any time recany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the submitted work (including statistical analysis).	ng but not lin		its, data monitoring			etc.) for
Section 3. Relevant financia	l activitie	s outside 1	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as described clicking the "Add +" box. You should rare there any relevant conflicts of intelligence of the second contracts of t	cribed in the eport relation rest?	e instruction onships tha	ns. Use one line fo	or each ent	tity; add as many lines as you nee	ed by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Novartis	✓					
Genentech	✓	✓			consulting	
Eli Lilly	✓					
ORIC Pharmaceuticals		✓			consulting	
Partner Therapeutics		✓			consulting	
Tillotts Pharma		✓			consulting	
Neoleukin Therapeutics		✓			Scientific Advisory Board	

Dougan 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				
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. Dougan reports grants from Novartis, grants and personal fees from Genentech, grants from Eli Lilly, personal fees from ORIC Pharmaceuticals, personal fees from Partner Therapeutics, personal fees from Tillotts Pharma, personal fees from Neoleukin Therapeutics, outside the submitted work; .				

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estimony, employment, or other affiliations patent inancial Support: Examples include drugs/equipment

Drobni 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Zsofia	2. Surname (Last Name) Drobni		3. Date 19-September-2020
4. Are you the corresponding author?	Yes V No	Corresponding Autho	or's Name
5. Manuscript Title Tocilizumab in COVID-19 Infection			
6. Manuscript Identifying Number (if you kr 20-28836	now it)	_	
Section 2. The Work Under Co	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each er	ntity; add as many lines as you need by
Are there any relevant conflicts of interes	est? ✓ Yes No		
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant? Personal Nor	n-Financial upport?	Comments
National Institutes of Health/National Heart, Lung, and Blood Institute	V		R01HL130539
Section 4. Intellectual Proper	ty Patents & Copyric	ghts	
Do you have any patents, whether plan			work? ☐ Yes ✔ No

Drobni 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):			
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Dr. Drobni repor submitted work	rts grants from National Institutes of Health/National Heart, Lung, and Blood Institute, outside the ; .			

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Drobni 3



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1

D'Silva



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Kristin		2. Surname (Last Name) D'Silva	3. Date 19-October-2020		
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name John H. Stone		
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection				
6. Manuscript Ide 20-28836	ntifying Number (if you kr	now it)	_		
Section 2.	The Work Under C	onsideration for Public	cation		
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Section 3.	Polovant financial	activities outside the	when it to d work		
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Section 4.	Intellectual Prope	rty Patents & Copyrig	yhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

D'Silva 2



Section 5.	
Section 5.	Relationships not covered above
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D'Silva 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.

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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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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to you

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

Fernandes 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Ana		2. Surname (Last Name) Fernandes	3. Date 10-September-2020		
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name John H. Stone		
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection				
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)			
	ı				
Section 2.	The Work Under C	onsideration for Publi	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	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 planned, pending or issued, broadly relevant to the work? Yes Vo					

Fernandes 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 ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	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. Fernandes ha	ns nothing to disclose.

Evaluation and Feedback

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Fernandes 3



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Fleisher 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Jorge	rst Name)	2. Surname (Last Name) Fleisher	3. Date 12-October-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Idea	ntifying Number (if you kı	now it)	
	ı		
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	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	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that we	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 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

Fleisher 2



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Dr. Fleisher has r	nothing to disclose.

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patent

Foulkes 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Foulkes	3. Date 10-September-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)	
	ı		
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Foulkes 2



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Dr. Foulkes has I	nothing to disclose.

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

1

administrative support, etc.



Section 1.	Identifying Inform	mation			
Given Name (Fire Matthew	st Name)	2. Surname (Last Name) Frigault)	3. Date 19-October-2020	
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Autho	or's Name	
5. Manuscript Title Tocilizumab In CC	OVID-19 Infection				
6. Manuscript Ident 20-28836	tifying Number (if you k	know it)			
c ii o					
Section 2.	The Work Under (Consideration for Pub	lication		
any aspect of the su statistical analysis, e Are there any rele	ıbmitted work (includin	ng but not limited to grants,	data monitoring board, st	ent, commercial, private foundation, udy design, manuscript preparation,	
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of compensation) clicking the "Add Are there any rele	with entities as desc	ribed in the instructions. eport relationships that vertext? yes No	Use one line for each er vere present during th	cial relationships (regardless of ar ntity; add as many lines as you ne e 36 months prior to publicatio	eed by
Name of Entity		Grant? Personal Fees?	Support? Other?	Comments	
Novartis				Consulting & Advisory Board	
Celgene/BMS				Consulting & Advisory Board	
Kite/Gilead				Consulting	
Arcellx				Consulting	

Frigault 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Frigault reports personal fees from Novartis, personal fees from Celgene/BMS, personal fees from Kite/Gilead, personal fees from Arcellx, outside the submitted work; .

Evaluation and Feedback

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

Frigault 3



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Halvorsen 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Yuan-Di	rst Name)	2. Surname (Last Name) Halvorsen	3. Date 17-October-2020			
4. Are you the corresponding author?		☐ Yes 🗸 No	Corresponding Autl	hor's Name		
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection					
6. Manuscript Ider 20-28836	ntifying Number (if you kn	now it)				
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Section 2.	The Work Under Co	onsideration for Publi	cation			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, dest? Yes No prmation below. If you ha	ata monitoring board, s	nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row.		
Name of Institut	ion/Company	Grant? Personal No	n-Financial Support	Comments		
Genentech		✓				
	ı					
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Do you have any	patents, whether plani	ned, pending or issued, b	roadly relevant to the	e work? Yes No		

Halvorsen 2



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Dr. Halvorsen reports grants from Genentech, during the conduct of the study; .

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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

Harvey 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Liam	st Name)	2. Surname (Last Name) Harvey	3. Date 10-September-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab in Co	OVID-19 Infection		
6. Manuscript Iden 20-28836	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the su statistical analysis,	ubmitted work (including	but not limited to grants, do	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Uport relations hips that we	nether 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 Proper	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Harvey 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 ncing, 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. Harvey has no	othing to disclose.

Evaluation and Feedback

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Harvey 3



Instructions

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Healy 1



Section 1. Identif	fying Informat	tion						
1. Given Name (First Name) Brian		2. Surnan Healy	ne (Last Name	<u>=</u>)		3. Date 18-October-2	2020	
4. Are you the correspondin	g author?	Yes	√ No	Correspond John Ston	ding Author' e	's Name		
5. Manuscript Title Tocilizumab in COVID-19	Infection							
6. Manuscript Identifying Nu 20-28836	ımber (if you knov	v it)						
Section 2. The Wo	ork Under Con	siderat	ion for Pu	blication				
Did you or your institution a t any aspect of the submitted statistical analysis, etc.)? Are there any relevant cor	work (including bu	ut not lim		s, data monitoring				c.) for
Section 3. Releva	nt financial ac	tivities	outside th	ne submitted v	work.			
Place a check in the approof compensation) with en clicking the "Add +" box. \ Are there any relevant cor lf yes, please fill out the ap	opriate boxes in t tities as describe You should repo nflicts of interest	the tableed in the rt relation?	to indicate instructions nships that	whether you ha but . Use one line fo were present d o	ove financia or each ent	ity; add as many lir	nes as you need	d by
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Analysis Group		√						
Celgene (Bristol-Myers Squibb)		✓						
Verily Life Sciences		✓						
Novartis		✓						
Merck Serono		✓						
Genzyme		✓						

Healy 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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. Healy reports grants from Analysis Group, grants from Celgene (Bristol-Myers Squibb), grants from Verily Life Sciences, grants from Novartis, grants from Merck Serono, grants from Genzyme, outside the submitted work; .

Evaluation and Feedback

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

Healy 3



Instructions

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Horick 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Nora	rst Name)	2. Surname (Last Name) Horick		3. Date 29-September-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Nam	ne
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection			
6. Manuscript lder 20-28836	ntifying Number (if you kr	now it)	_	
	ı			
Section 2.	The Work Under C	onsideration for Publi	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 Vo				
Section 3.	Relevant financial	activities outside the	submitted work.	
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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 🗸 No

Horick 2



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):
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Section 6.	Disclosure Statement
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Dr. Horick has no	othing to disclose.

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Horick 3



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

Huckins 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii David	rst Name)	2. Surname (Last Name) Huckins	3. Date 13-Octobe	r-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name John Stone	
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection			
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)		
	ı			
Section 2.	The Work Under C	onsideration for Publi	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 Vo				
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 Vo				
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes	✓ No

Huckins 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
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Section 6. Disclosure Statement
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Dr. Huckins has nothing to disclose.

Evaluation and Feedback

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Huckins 3



Instructions

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Kim 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Arthur	2. Surname (Last Name) Kim	3. Date 29-September-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name John Stone	
5. Manuscript Title Tocilizumab in COVID-19 Infection			
6. Manuscript Identifying Number (if you ki 20-28836	now it)		
Cartinus			
Section 2. The Work Under C	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, do	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the	submitted work.	
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Name of Entity	Grant? Personal No	n-Financial other? Comments	
Biomarin, Inc.		Scientific Advisory Board	
Continu A			
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No	

Kim 2



Section 5.	
Section 5.	Relationships not covered above
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kim reports p	personal fees from Biomarin, Inc., outside the submitted work; .

Evaluation and Feedback

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Kim 3



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Kohler 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fi Minna	rst Name)	2. Surname (Last Name) Kohler	3. Date 09-October-2020	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name John H. Stone	
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection			
6. Manuscript Idea	ntifying Number (if you kı	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.	
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Do you have any	patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No	

Kohler 2



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?
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Kohler 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.

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administrative support, etc.

Lin 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Nina	rst Name)	2. Surname (Last Name) Lin	3. Date 19-October-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name John Stone	
5. Manuscript Title Tocilizumab In C	e OVID-19 Infection			
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	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 Vo				
Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Lin 2



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 below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Lin has nothi	ng to disclose.

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Lin 3



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

Lockwood 1



Section 1. Identifying Inform			
Identifying Information			
Given Name (First Name) Megan	2. Surname (Last Name) Lockwood	3. Date 10-October-2020	
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name John Stone	
5. Manuscript Title Tocilizumab in COVID-19 Infection			
6. Manuscript Identifying Number (if you k	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 Vo			
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Lockwood 2



Section 5.				
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✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
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Dr. Lockwood ha	as nothing to disclose.			

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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



Section 1. Identifying Information	ation					
1. Given Name (First Name) Michael	2. Surnar Mansou	ne (Last Nar r	ne)		3. Date 09-October-2020	
4. Are you the corresponding author?	Yes	✓ No	Correspond John Ston	_	or's Name	
5. Manuscript Title Tocilizumab in COVID-19 Infection						
6. Manuscript Identifying Number (if you kno 20-28836	ow it)					
Section 2. The Work Under Co						
The Work Under Co	nsidera	tion for P	ublication			
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 a	ctivities	outside	the submitted	work.		
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interes If yes, please fill out the appropriate info	oed in the ort relationst?	instruction onships tha Yes	ns. Use one line fo	or each er	ntity; add as many lines as you nee	d by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Vericel		✓			Consultation	
SmartPharm Therapeutics		✓			Consultation	
Thermo Fisher Scientific	✓				Grant support	
UpToDate		✓			Medical editing/writing	
Celularity		√			Scientific Advisory Board	
Pulsethera		√			Consultation	
GenMark Diagnostics		✓			Consultation	
Globe Life Sciences		✓			Consultation	



Name of Entity	Gra	int•	sonal N	Ion-Financial Support	Other?	Comments
Infectious Diseases Society of America			✓			editing
Day Zero Diagnostics			√			Consultation
Genentech	,	/				Grant support
Section 4. Intellectual	Property	Patents	& Copy	rights		
Do you have any patents, wheth If yes, please fill out the appropr Excess rows can be removed by	iate informat	ion belov	v. If you h	•		work? Yes No ty press the "ADD" button to add a row.
Patent?	Pending?	Issued <mark>?</mark>	Licensed	Royalties?	License	Comments
Fungal particles	✓					For the assessment of fungal immunity - U.S. no. 14/110,443
Cellular therapy for infections	✓					Cellular therapeutics for treatment of neutropenic patients - U.S. no. 15/999,463
Section 5. Relationships not covered above						
Are there other relationships or potentially influencing, what yo					nfluence	d, or that give the appearance of
Yes, the following relationsh No other relationships/cond						
At the time of manuscript accep On occasion, journals may ask a	•					sary, update their disclosure statements elationships.

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. Mansour reports personal fees from Vericel, personal fees from SmartPharm Therapeutics, grants from Thermo Fisher Scientific, personal fees from UpToDate, personal fees from Celularity, personal fees from Pulsethera, personal fees from GenMark Diagnostics, personal fees from Globe Life Sciences, personal fees from Infectious Diseases Society of America, personal fees from Day Zero Diagnostics, grants from Genentech, outside the submitted work; In addition, Dr. Mansour has a patent Fungal particles pending, and a patent Cellular therapy for infections pending.

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

Matza 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Mark	2. Surname (Last Name) Matza	3. Date 01-October-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name John H. Stone			
5. Manuscript Title Tocilizumab in COVID-19 Infection					
6. Manuscript Identifying Number (if you k	now it)	_			
Section 2. The Work Under C	onsideration for Publi	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 Vo					
Section 3. Relevant financial	activities outside the s	submitted work.			
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Matza 2



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Dr. Matza has no	othing to disclose.			

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estimony, employment, or other affiliations patent inancial Support: Examples include drugs/equipment

Meyerowitz 1



Section 1.	Identifying Inforn	nation				
1. Given Name (First Name) Eric		2. Surname (Last Name) Meyerowitz	3. Date 11-October-2020			
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name John Stone			
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection					
6. Manuscript Idea	ntifying Number (if you kı	now it)				
	ı					
Section 2.	The Work Under C	onsideration for Publi	cation			
any aspect of the s statistical analysis,	ubmitted work (including	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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Meyerowitz 2



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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

carrilling royalties or not

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

Neilan 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Tomas	2. Surname (Last Name) Neilan		3. Date 18-October-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut John Stone	hor's Name	
5. Manuscript Title Tocilizumab in COVID-19 Infection				
6. Manuscript Identifying Number (if you k 20-28836	know it)			
Section 2. The Work Under (Consideration for Publi	cation		
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, do		ment, commercial, private foundation, etc.) fo study design, manuscript preparation,	or
Section 3. Relevant financia	l activities outside the	submitted work.		
	ribed in the instructions. Ueport relationships that we rest? Yes No formation below.	se one line for each re present during t	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.	
Name of Entity	Grant? Personal No	n-Financial Other	? Comments	
Parexel			Consultancy	
Intrinsic Imaging			Consultancy	
Abbvie			Scientific Advisory Board	
Bristol Myers Squibb			Scientific Advisory Board	
H3 Biomedicine			Scientific Advisory Board	
Astra Zeneca	✓			

Neilan 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No				
Section 5. Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
No other relationships/conditions/circumstances that present a potential conflict of interest				
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. Neilan reports personal fees from Parexel, personal fees from Intrinsic Imaging, personal fees from Abbvie, personal fees from Bristol Myers Squibb, personal fees from H3 Biomedicine, grants from Astra Zeneca, outside the submitted work; .				

Evaluation and Feedback

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

Neilan 3



Instructions

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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

Nikiforow 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Sarah		2. Surname (Last Name) Nikiforow	3. Date 05-October-2020		
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name John Stone		
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection				
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Publi	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	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 planned, pending or issued, broadly relevant to the work? Yes Vo					

Nikiforow 2



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			
	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 abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Nikiforow ha	s nothing to disclose.			

Evaluation and Feedback

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Nikiforow 3



Instructions

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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

North 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Crystal		2. Surname (Last Name) North	3. Date 09-September-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name John Stone		
5. Manuscript Title Tocilizumab in CC	OVID-19 Infection				
6. Manuscript Ident 20-28836	tifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Publ	ication		
any aspect of the su statistical analysis, e	ıbmitted work (including	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,		
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 Vo					
Section 4.	Intellectual Proper	rty Patents & Copyri	ights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

North 2



Section 5.	Balatian diamentary and allower	
	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	
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	
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Dr. North has no	thing to disclose.	

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North 3



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

patent

Perugino 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Cory	2. Surname (Last Name) Perugino	3. Date 22-September-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name John Stone	
5. Manuscript Title Tocilizumab in COVID-19 Infection			
6. Manuscript Identifying Number (if you k 20-28836	now it)		
Section 2. The Work Under C	Consideration 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 & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Perugino 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 ncing, what you wrote in the submitted work?			
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relat	cionships/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 abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Perugino has	nothing to disclose.			

Evaluation and Feedback

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Perugino 3



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

Pincus 1



Section 1.	Identifying Inform	nation	
1. Given Name (Firs Michael	t Name)	2. Surname (Last Name) Pincus	3. Date 17-October-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab In CC	OVID-19 Infection		
6. Manuscript Ident 20-28836	ifying Number (if you kn	now it)	
Section 2.	The Work Under Co	onsideration for Publ	lication
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, o	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyr	ights
Do you have any p	patents, whether plan	ned, pending or issued, k	oroadly relevant to the work? Yes V No

Pincus 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?		
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Sortion 6		
Section 6. Disclosure Statement		
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Dr. Pincus has nothing to disclose.		

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Pincus 3



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patent

Sacks 1



Section 1.	Identifying Inform	nation	
1. Given Name (Firs Chana	st Name)	2. Surname (Last Name) Sacks	3. Date 16-October-2020
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab in CC	OVID-19 Infection		
6. Manuscript Ident 20-28836	tifying Number (if you kn	now it)	
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, d	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any բ	oatents, whether plani	ned, pending or issued, b	roadly relevant to the work? Yes V No

Sacks 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			
I am employed by the New England Journal of Medicine as Images Editor.			
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. Sacks reports being employed by the New England Journal of Medicine as Images Editor.			

Evaluation and Feedback

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Sacks 3



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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

Sagar 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Manish	2. Surname (Last Name) Sagar	3. Date 18-October-2020	
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name John Stone	
5. Manuscript Title Tocilizumab in COVID-19 Infection			
6. Manuscript Identifying Number (if you kr 20-28836	now it)		
Section 2. The Work Under C	onsideration for Publi	cation	
	g 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 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 Vo			
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Sagar 2



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):	
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Section 6.	Disclosure Statement	
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Sagar has no	thing to disclose.	

Evaluation and Feedback

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

Scherer 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Allison		2. Surname (Last Name) Scherer	3. Date 29-September-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name John H. Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)	
	ı		
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	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	submitted work.
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Section 4.	Intellectual Prope	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Scherer 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 ncing, what you wrote in the submitted work?	
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):	
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Section 6.	Disclosure Statement	
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Dr. Scherer has n	othing to disclose.	

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

Schoenfeld 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Sara		Surname (Last Name) Schoenfeld	3. Date 01-October-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name John H. Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Ide	ntifying Number (if you kr	now it)	_
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	submitted work (including	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	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that we	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 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

Schoenfeld 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.
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Schoenfeld h	nas nothing to disclose.

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

Schrager 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Harry	2. Surname (Last Name) Schrager	3. Date 16-October-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name John H. Stone		
5. Manuscript Title Tocilizumab in COVID-19 Infection				
6. Manuscript Identifying Number (if you k 20-28836	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 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 Name of Institution/Company	Grant? Personal Nor	n-Financial Other? Comments		
Genentech		as study site PI & consenting physician for study. have not yet actually received the funds but it is scheduled to occur.		
Section 3. Relevant financial	activities outside the s	submitted work.		
of compensation) with entities as descri	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.		
Section 4. Intellectual Prope	rty Patents & Copyri <u>c</u>	ghts		
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Schrager 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?
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Dr. Schrager reports personal fees from Genentech, during the conduct of the study; .

Evaluation and Feedback

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Schrager 3



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Sen 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Pritha		2. Surname (Last Name) Sen	3. Date 01-October-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name John Stone	
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection			
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)		
	ı			
Section 2.	The Work Under C	onsideration for Publi	cation	
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of compensation clicking the "Add Are there any rel	ı) with entities as descr	ibed in the instructions. Us port relationships that we	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	ned, pending or issued, b	roadly relevant to the work? Yes V No	

Sen 2



Section 5.	
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Dr. Sen has nothi	ng to disclose.

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Sen 3



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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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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

Serling-Boyd 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Naomi	2. Surname (Last Name) Serling-Boyd	3. Date 17-October-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name John H Stone
5. Manuscript Title Tocilizumab in COVID-19 Infection		
6. Manuscript Identifying Number (if you kr 20-28836	now it)	_
Section 2. The Work Under C		
The Work Under C	onsideration for Publi	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	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	submitted work.
of compensation) with entities as descr	ibed in the instructions. U port relationships that we est? ✓ Yes	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.
Name of Entity	Grant? Personal No	n-Financial other? Comments
NIH	✓	T32AR007258
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Serling-Boyd 2



Section 5. Relationships not severed 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. Serling-Boyd reports grants from NIH, outside the submitted work; .

Evaluation and Feedback

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

Serling-Boyd 3



Instructions

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

Shah 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Ruta		2. Surname (Last Name) Shah	3. Date 17-October-2020
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Idea	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that we	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 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

Shah 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 ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript 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 below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Shah has notl	hing to disclose.

Evaluation and Feedback

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Shah 3



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



Section 1.	Identifying Inform				
1. Given Name (F John	irst Name)	2. Surname (Last Name) Stone			3. Date 19-October-2020
4. Are you the corresponding author?		✓ Yes No)		
5. Manuscript Titl Tocilizumab in C	e COVID-19 Infection				
6. Manuscript Ide 20-28836	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsideration for	Publication		
any aspect of the statistical analysis. Are there any re If yes, please fill	submitted work (including , etc.)? levant conflicts of intere	but not limited to gest? Yes cormation below. If	rants, data monitoring	g board, study d	ommercial, private foundation, etc.) for esign, manuscript preparation, ess the "ADD" button to add a row.
Name of Institu	tion/Company	Grant? Person		Other? Co	mments
Genentech		✓			
Section 3.	Relevant financial	activities outsid	e the submitted	work.	
of compensation clicking the "Add Are there any re	n) with entities as descri	bed in the instruct port relationships t est?	ions. Use one line f	or each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.
Name of Entity		Grant? Person		Other? Co	mments
Principia Biopharma		✓		Princ	the principal investigator in a cipia-funded trial, and I have also ulted for Principia on steroid city.



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Viela	✓				I am the principal investigator in a Viela-funded clinical trial	
Sanofi		✓			I am on an Advisory Board for Sanofi to evaluate their pipeline of new medications. I have also consulted for them on steroid toxicity.	
Chemocentryx		✓			Consulting on glucocorticoid toxicity	
Celgene		✓			Consulting on ANCA-associated vasculitis	
Abbvie		✓			Consulting on glucocorticoid toxicity	
Chugai		✓			Consulting on pipeline development	
Grunenthal		✓			Consulting on glucocorticoid toxicity	
Glaxo Smith Kline		✓			Consulting on anti-B cell therapies	
InflaRx		✓			Consulting on glucocorticoid toxicity	
INSmed		✓			Consulting on ANCA-associated vasculitis	
Regeneron		✓			Consulting on giant cell arteritis	
Roche	✓	✓			Consulting on giant cell arteritis	
Roivant		\checkmark			Consulting on pipeline development	
Section 4. Intellectual Property Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No						
Section 5. Relationships not o	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. Stone reports grants from Genentech, during the conduct of the study; grants and personal fees from Principia Biopharma, grants from Viela, personal fees from Sanofi, personal fees from Chemocentryx, personal fees from Celgene, personal fees from Abbvie, personal fees from Chugai, personal fees from Grunenthal, personal fees from Glaxo Smith Kline, personal fees from InflaRx, personal fees from INSmed, personal fees from Regeneron, grants and personal fees from Roche, personal fees from Roivant, outside the submitted work;

Evaluation and Feedback

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

Thurber 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Thurber	3. Date 09-September-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name John H. Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Ider 20-28836	ntifying Number (if you kr	now it)	
	ı		
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, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed 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.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any			roadly relevant to the work? Yes V No

Thurber 2



Section 5.	
Section 5.	Relationships not covered above
	itionships 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
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements als may ask authors to disclose further information about reported relationships.
Section 6.	Pisclosure Statement
Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Ms. Thurber has no	othing to disclose.

Evaluation and Feedback

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

Thurber 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.

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Unizony 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Sebastian	2. Surname (Last Name) Unizony	3. Date 19-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name John H Stone
5. Manuscript Title Tocilizumab in COVID-19 Infection		
6. Manuscript Identifying Number (if you kr 20-28836	now it)	
Section 2. The Work Under C		
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,
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Name of Entity	Grant? Personal No	n-Financial Other? Comments
Janssen	Fees? S	Consulting
Kiniksa		Consulting
Genentech		Research support
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No

Unizony 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Unizony reports personal fees from Janssen, personal fees from Kiniksa, grants from Genentech, outside the submitted work; .

Evaluation and Feedback

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Unizony 3



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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

Wallwork 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Rachel	rst Name)	2. Surname (Last Name) Wallwork	3. Date 18-October-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab In C	e OVID-19 Infection		
6. Manuscript Ide	ntifying Number (if you kı	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, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that we	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 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

Wallwork 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 ncing, 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. Wallwork has	nothing to disclose.

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

Weber 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Brittany	rst Name)	2. Surname (Last Name) Weber	3. Date 29-September-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name John Stone
5. Manuscript Title Tocilizumab in C	e OVID-19 Infection		
6. Manuscript Idea	ntifying Number (if you kı	now it)	
	ı		
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, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that we	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 Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Weber 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):	
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Section 6.	Disclosure Statement	
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Dr. Weber has n	othing to disclose.	

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

Woolley 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Ann	2. Surname (Last Name) Woolley		3. Date 07-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title Tocilizumab in COVID-19 Infection			
6. Manuscript Identifying Number (if you kn 20-28836	ow it)	_	
Section 2. The Work Under Co	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, dansts? Yes No ormation below. If you have	ta monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, tity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Noi	n-Financial Other	Comments
Genentech	✓		Payments made to Massachusetts General Hospital
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that wer	se one line for each e	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts	
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the	e work? ☐ Yes ✓ No

Woolley 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
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Dr. Woolley reports grants from Genentech, during the conduct of the study; .

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

Yinh 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Janeth	2. Surname (Last Name) Yinh	3. Date 03-October-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name John H. Stone	
5. Manuscript Title Tocilizumab in COVID-19 Infection			
6. Manuscript Identifying Number (if you ki 20-28836	now it)		
Section 2. The Work Under C	onsideration for Publi	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	submitted work.	
of compensation) with entities as descr	ribed in the instructions. Us port relationships that we	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 Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Yinh 2



Section 5.	
Section 5.	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the follow	ing relationships/conditions/circumstances are present (explain below):
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the abov below.	re disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Yinh has nothi	ng to disclose.

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Zafar 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Amna	2. Surname (Last Name) Zafar		3. Date 18-October-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's N John H. Stone	Name
5. Manuscript Title Tocilizumab In COVID-19 Infection			
6. Manuscript Identifying Number (if you ki 20-28836	now it)	_	
Section 2. The Work Under C	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter		ita monitoring board, study	design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.	
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Name of Entity	Grant? Personal No	n-Financial other? Co	omments
U.S. National Institutes of Health/National Heart, Lung, and Blood Institute	V		2HL076136
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the wor	rk? ☐ Yes 🗸 No

Zafar 2



Section 5. Relationships not severed above
Relationships not covered above
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Sortion 6
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. Zafar reports grants from U.S. National Institutes of Health/National Heart, Lung, and Blood Institute, outside the submitted work; .

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