

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Clemente

2. Surname (Last Name)

Britto

3. Date

04-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)

Blue-202004-0991OC

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K01-HL125514-01

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jonas

2. Surname (Last Name)
Schupp

3. Date
04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Clemente Britto

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

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Dr. Schupp has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ruth

2. Surname (Last Name)
Montgomery

3. Date
04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Clemente Britto

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

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Nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)

Ivan

2. Surname (Last Name)

Rosas

3. Date

15-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Clemente Britto

5. Manuscript Title

Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)

Blue-202004-0991OC

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Sara

2. Surname (Last Name)

Khanal

3. Date

04-May-2020

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Yes No

Corresponding Author's Name

Clemente Britto

5. Manuscript Title

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Dr. Khanal has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Taylor

2. Surname (Last Name)
Adams

3. Date
04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Clemente Britto

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Adams has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Dela Cruz

3. Date
15-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Clemente Britto

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Dela Cruz has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yujiao

2. Surname (Last Name)

Zhao

3. Date

13-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Clemente Britto

5. Manuscript Title

Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)

Blue-202004-0991OC

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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

Yes

No

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Dr. Zhao has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sergio

2. Surname (Last Name)
Poli

3. Date
07-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Clemente Britto

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Poli has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Naftali

2. Surname (Last Name)
Kaminski

3. Date
05-May-2020

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

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biogen Idec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Third Rock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Miragen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pulmonary Fibrosis
Pliant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Samumed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
NuMedii	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Indaloo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Theravance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
LifeMax	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Three Lake Partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Committee
Optikira	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
RohBar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Veracyte	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant to develop biomarkers in CHP, CTD, IPF

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
New Therapies in Pulmonary Fibrosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Biotech	Pulmonary Fibrosis
Peripheral Blood Gene Expression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Biotech	Pulmonary Fibrosis

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Dr. Kaminski reports personal fees from Biogen Idec, Boehringer Ingelheim, Third Rock, non-financial support from Miragen , personal fees from Pliant, Samumed, uMedii, Indaloo, Theravance, LifeMax, Three Lake Partners, RohBar, grant from Veracyte, outside the submitted work; In addition, Dr. Kaminski has a patent New Threapies in Pulmonary Fibrosis with royalties paid from Biotech, and a patent Peripheral Blood Gene Expression licensed to Biotech.

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5. Relationships not covered above.

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Definitions.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jose	2. Surname (Last Name) Gomez	3. Date 28-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title _____		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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- 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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gomez has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marie	2. Surname (Last Name) Egan	3. Date 02-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis		
6. Manuscript Identifying Number (if you know it) Blue-202004-0991OC		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Egan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Emanuela M

2. Surname (Last Name)
Bruscia

3. Date
04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Britto-Leon Clemente

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

Section 2. The Work Under Consideration for Publication

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I have nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Geoffrey

2. Surname (Last Name)
Chupp

3. Date
19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Clemente Britto

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

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Asthma Clinical trial investigator, advisory board consultant, speakers bureau member- GSK, Astra Zeneca, Genentech, Sanofi-Genzyme, Regeneron, Amgen, Boehringer Ingelheim
Teva- asthma advisory board member

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Section 6. Disclosure Statement

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Dr. Chupp reports and Asthma Clinical trial investigator, advisory board consultant, speakers bureau member- GSK, Astra Zeneca, Genentech, Sanofi-Genzyme, Regeneron, Amgen, Boehringer Ingelheim
Teva- asthma advisory board member
.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maor 2. Surname (Last Name) Sauler 3. Date 11-May-2020

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

5. Manuscript Title
Single Cell Transcriptional Archetypes of Airway Inflammation in Cystic Fibrosis

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
MIF20 in Pulmonary disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sauler reports In addition, Dr. Sauler has a patent MIF20 in Pulmonary disease pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Xiting

2. Surname (Last Name)
Yan

3. Date
07-May-2020

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
Blue-202004-0991OC

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Yan has nothing to disclose.

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