

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**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)  
Richard

2. Surname (Last Name)  
Broadhurst

3. Date  
30-July-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr. Fernando Holguin

5. Manuscript Title  
Asthma in COVID-19 Hospitalizations: An Overestimated Risk Factor?

6. Manuscript Identifying Number (if you know it)  
White-202006-613RL

### 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.)?

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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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### Section 5. Relationships not covered above

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

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### Section 6. Disclosure Statement

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Dr. Broadhurst 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)

Fernando

2. Surname (Last Name)

Holguin

3. Date

03-August-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Asthma in COVID-19 Hospitalizations: An Overestimated Risk Factor?

6. Manuscript Identifying Number (if you know it)

White-202006-613RL

### Section 2. The Work Under Consideration for Publication

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Alex

2. Surname (Last Name)  
Federman

3. Date  
30-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Fernando Holguin

5. Manuscript Title  
Asthma in COVID-19 Hospitalizations: An Overestimated Risk Factor?

6. Manuscript Identifying Number (if you know it)

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Dr. Federman 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)  
Michael E.

2. Surname (Last Name)  
Wechsler

3. Date  
04-August-2020

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

5. Manuscript Title  
Asthma in COVID-19 Hospitalizations: An Overestimated Risk Factor?

6. Manuscript Identifying Number (if you know it)  
White-202006-613RL.R1

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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
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant; Consultant 5-10k 2018
Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant 2018; Consultant 25-50k 2018, 2019
Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 10-25k 2018, 2019
Mylan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 5-10k 2018
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 5-10k 2018, 2019
Sentien	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB member , <5k 2018

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Teva	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study drugs fro another Asthmanet Study; research grant; consultant/advisory board 10-20k in 2018 research grant 2018
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study Drugs for another Asthmanet Study, Consultant 5-10k 2018
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant \$10-25k 2018, 2019
Restorbio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018, 2019 <5k
Equilium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018, 2019 <5k
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study Drugs fro another Asthmanet Study (SIENA)
Genzyme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018, 2019 10-25k
GALA therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COnsultant <5k 2018
Pulmatrix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COnsultant <5k 2018, 2019
Cohero HHealth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant <10k 2020
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant 2018; consultant 25-50k 2018, 10-25k 2019, 2020

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

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Dr. Wechsler reports grants and personal fees from Novartis, grants and personal fees from Sanofi, personal fees from Regeneron, personal fees from Mylan, personal fees from Genentech, personal fees from Sentien, grants, personal fees and non-financial support from Teva, personal fees and non-financial support from Boehringer Ingelheim, grants and personal fees from GlaxoSmithKline, personal fees from Restorbio, personal fees from Equilium, non-financial support from Merck, personal fees from Genzyme, personal fees from GALA therapeutics, personal fees from Pulmatrix, personal fees from Cohero HHealth, personal fees and non-financial support from AstraZeneca, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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Ryan

2. Surname (Last Name)  
Peterson

3. Date  
29-July-2020

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Yes  No

Corresponding Author's Name  
Fernando Holguin

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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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### Section 5. Relationships not covered above

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

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### Section 6. Disclosure Statement

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

Dr. Peterson has nothing to disclose.

### Evaluation and Feedback

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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)  
Sunita

2. Surname (Last Name)  
Sharma

3. Date  
29-July-2020

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

5. Manuscript Title  
Asthma in COVID-19 Hospitalizations: An Overestimated Risk Factor?

6. Manuscript Identifying Number (if you know it)  
White-202006-613RL

### Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Sharma has nothing to disclose.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Juan

2. Surname (Last Name)  
Wisnivesky

3. Date  
27-July-2020

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

5. Manuscript Title  
White-202006-613RL

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

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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
Banook, GSK, Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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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Dr. Wisnivesky received consulting honorarium from GSK, Banook and Sanofi and a research grant from Sanofi.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Shanta

2. Surname (Last Name)  
Zimmer

3. Date  
29-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Fernando Holguin

5. Manuscript Title  
Asthma in COVID-19 Hospitalizations: An Overestimated Risk Factor?

6. Manuscript Identifying Number (if you know it)  
202006-613RL

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Dr. Zimmer has nothing to disclose.

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