

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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.

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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)
Carolyn

2. Surname (Last Name)
Calfee

3. Date
30-July-2020

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

5. Manuscript Title
Dose-Dependent Pulmonary Toxicity of Aerosolized Vitamin E Acetate

6. Manuscript Identifying Number (if you know it)
Red-2020-0209OC.R2

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche/Genentech	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	observational study on ARDS; consultancy
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	observational study on ARDS; consultancy
Quark Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	medical advisory board

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Prometic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	medical advisory board
Gen1e Life Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Vasomune	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy

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. Calfee reports grants from NIH, during the conduct of the study; grants and personal fees from Roche/Genentech, grants and personal fees from Bayer, personal fees from Quark Pharmaceuticals, personal fees from Prometic, personal fees from Gen1e Life Sciences, personal fees from Vasomune, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Langelier

3. Date
02-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Dose-Dependent Pulmonary Toxicity of Aerosolized Vitamin E Acetate

6. Manuscript Identifying Number (if you know it)
Red-2020-0209OC.R2

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

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1. Given Name (First Name)
Paula

2. Surname (Last Name)
Hayakawa Serpa

3. Date
03-August-2020

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

5. Manuscript Title
Dose-Dependent Pulmonary Toxicity of Aerosolized Vitamin E Acetate

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Paula Hayakawa Serpa reports grants from NHLBI, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey

2. Surname (Last Name)
Gotts

3. Date
29-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name)

Kirk

2. Surname (Last Name)

Jones

3. Date

30-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jeffrey Gotts

5. Manuscript Title

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Dr. Jones has nothing to disclose.

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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) Maret 2. Surname (Last Name) Traber 3. Date 31-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jeffrey E. Gotts, M.D., PhD.

5. Manuscript Title
Dose-Dependent Pulmonary Toxicity of Aerosolized Vitamin E Acetate

6. Manuscript Identifying Number (if you know it)
Red-2020-0209OC.R2

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Are there any relevant conflicts of interest? Yes No

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Dr. Traber reports grants from NHLBI to Matthay and Gotts, 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) Shotaro

2. Surname (Last Name) Matsumoto

3. Date 29-July-2020

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

5. Manuscript Title Dose-Dependent Pulmonary Toxicity of Aerosolized Vitamin E Acetate

6. Manuscript Identifying Number (if you know it) Red-2020-0209OC.R2

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1. Given Name (First Name) Michael

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Genetech-Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARDS observational studies
Bayer Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARDS observational studies
Citius Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant for ARDS

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Gen2eLife Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ARDS consultant

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