

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

5. Relationships not covered above.

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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) Rapahel 2. Surname (Last Name) Borie 3. Date 24-June-2020

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

5. Manuscript Title
Mortality of COVID-19 in 123 patients with rare pulmonary disease including idiopathic interstitial pneumonia

6. Manuscript Identifying Number (if you know it)
N/A

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Savara	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Borie reports personal fees and non-financial support from Boehringer Ingelheim, personal fees and non-financial support from Roche, personal fees from Savara, outside the submitted work; .Dr. Borie reports personal fees and non-financial support from Boehringer Ingelheim, personal fees and non-financial support from Roche, personal fees from Savara, outside the submitted work; .

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Section 1. Identifying Information

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Laure

2. Surname (Last Name)
GALLAY

3. Date
24-June-2020

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Corresponding Author's Name
Vincent Cottin

5. Manuscript Title
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Dr. GALLAY has nothing to disclose.

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1. Given Name (First Name)
Sandrine

2. Surname (Last Name)
HIRSCHI

3. Date
24-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Vincent Cottin

5. Manuscript Title
Mortality of COVID-19 in 123 patients with rare pulmonary disease including idiopathic interstitial pneumonia

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1. Given Name (First Name)
Dominique

2. Surname (Last Name)
ISRAEL-BIET

3. Date
24-June-2020

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Corresponding Author's Name
Vincent Cottin

5. Manuscript Title
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Romain

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Lazor

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24-June-2020

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Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sylvain

2. Surname (Last Name)
MARCHAND-ADAM

3. Date
24-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Vincent Cottin

5. Manuscript Title
Mortality of COVID-19 in 123 patients with rare pulmonary disease including idiopathic interstitial pneumonia

6. Manuscript Identifying Number (if you know it)
N/A

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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Section 6. Disclosure Statement

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Dr. GALLAY has nothing to disclose. Dr. MARCHAND-ADAM has nothing to disclose.

Evaluation and Feedback

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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)
PIERRE

2. Surname (Last Name)
RIGAUD

3. Date
24-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Vincent Cottin

5. Manuscript Title
Mortality of COVID-19 in 123 patients with rare pulmonary disease including idiopathic interstitial pneumonia

6. Manuscript Identifying Number (if you know it)
N/A

Section 2. The Work Under Consideration for Publication

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. GALLAY has nothing to disclose.Dr. RIGAUD 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)
Yrdagul

2. Surname (Last Name)
UZUNHAN

3. Date
24-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Vincent Cottin

5. Manuscript Title
Mortality of COVID-19 in 123 patients with rare pulmonary disease including idiopathic interstitial pneumonia

6. Manuscript Identifying Number (if you know it)
N/A

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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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Victor

2. Surname (Last Name)
Valentin

3. Date
24-June-2020

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

5. Manuscript Title
Mortality of COVID-19 in 123 patients with rare pulmonary disease including idiopathic interstitial pneumonia

6. Manuscript Identifying Number (if you know it)
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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
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input 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

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Dr. Valentin reports personal fees from Boehringer Ingelheim, Roche, Novartis, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vincent

2. Surname (Last Name)
Cottin

3. Date
26-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Mortality of COVID-19 in 123 patients with rare pulmonary disease including interstitial pneumonia

6. Manuscript Identifying Number (if you know it)
N/A

Section 2. The Work Under Consideration for Publication

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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
Actelion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory boards Lecture fees Travel to medical meetings
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultancy Lecture fees Travel to medical meetings
Bayer / MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory boards Member of DSMB
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory boards Lecture fees

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche / Promedior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultancy Lecture fees Travel to medical meetings Chair of DSMB Member of steering committee
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fees
Celgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of DSMB
Galapagos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory boards Co-chair of DSMB
Galecto	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of DSMB
Shionogi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fees
Fibrogen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of trial event adjudication committee

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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