

## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Shilong Li

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

Manuscript number (if known): 151418-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:

X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Rangaprasad Sarangarajan

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

Manuscript number (if known): 151418-JCI-CMED-1

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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11	Stock or stock options	BERG	Employee of BERG, have stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Tomi Jun

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Yu-Han Kao

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Zichen Wang

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Ke Hao

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Emilio Schadt

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

Manuscript number (if known): 151418-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Michael A. Kiebish

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Elder Granger

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Niven R. Narain

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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<b>Time frame: past 36 months</b>			
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options		Co-founder and Employee of BERG, have stock options
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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Rong Chen

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Eric E. Schadt

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	SAB Berg Pharma	I serve on the Berg scientific advisory board where Berg may take an interest in developing predictive models and therapies for COVID-19.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	CEO and Board member for Sema4	Sema4 is involved in COVID-19 testing and in mining clinical record data to build predictors of COVID-19 infectivity, severity and therapy response.
11	Stock or stock options	I hold option grants in Sema4	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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## ICMJE DISCLOSURE FORM

Date: 07/16/2021

Your Name: Li Li

Manuscript Title: Association of in-hospital use of ACE-I/ARB and COVID-19 outcomes in African American population

Manuscript number (if known): 151418-JCI-CMED-1

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