Date:	_21-July-2021	
Your Name:	Dr. Sixten Körper	
Manuscript Tit	le. High Dose Convales	cent Plasma in COVID-19: Posults from the Pandomized Trial CARSID Incto-

Manuscript Title: __ High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the title will be changed according to the journal style!)

Manuscript number (if known): ms. 152264-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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		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)
		Time frame: Since the initial	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial 3.555.082 € (paid to participating institution [not to the investigator])
J. K.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	X 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	Co-Chair of the Working party on Preparative and Therapeutic Apheresis of the DGTI (German Society of Transfusion Medicine and Immunohematology)	unpaied
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	

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

Date:
Your Name:
Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the
title will be changed according to the journal style!)
Manuscript number (if known): ms. 152264-JCI-CMED-1

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		Time frame: past	36 MONUS
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	

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

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

form.

H. Weiß

Ulm, July 13th, 2021 Manfred Weiss

Date:_	15.7.2021	

Your Name: Dr. Daniel Zickler

Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the

title will be changed according to the journal style!)
Manuscript number (if known): ms. 152264-JCI-CMED-1

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		Time frame: past	36 months
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,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
DI			

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 2021-07-14				
Your Name:Thomas Wiesmann, MD				
Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the				
title will be changed according to the journal style!)				
Manuscript number (if known): ms. 152264-JCI-CMED-1				

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
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,	Pajunk	Lectures (not relate tot the topic)
	speakers bureaus,	B. Braun	Lecture (not related to the topic)
	manuscript writing or educational events	Teva ratiopharm	Lecture (not related to the topic)
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	ESRA	ESRA (European Society of Regional Anesthesia & Pain Medicine): German Board Member (unpaid)
	committee or advocacy	DGAI	DGAI (Dt. Gesellschaft f. Anästhesie & Intensivtherapie,
	group, paid or unpaid		German Society of Anesthesia & Intensive Care
			Medicine), Vice-Speaker of the Working Group on "Regional Anesthesia"(unpaid)
			" C T T T T T T T T T T T T T T T T T T
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

x I certify that form.	t I have answered every question	and have not altered the wordin	g of any of the questions on this
	Chery		

Date:	1021 0 1 1 4	
Your Name	e: ZACHAROWSKI, KAI	
Manuscript	ot Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (1	– note: the
title will be	e changed according to the journal style!)	
Manuscript	ot number (if known): ms. 152264-JCI-CMED-1	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen. up to 4400 € per patient treated within the trial 2000 € set up fee for initiation of the trial (both paid to participating institution [not to the investigator])
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None EUROPEAN UNION 18020000000000000000000000000000000000	ENVISION

3	Royalties or licenses	<u></u> None	
4	Consulting fees	<u></u> ➤ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Vilor, CSL, GE Heathcar,
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	Haemonetics, V: (or
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	

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

F, 14.07.2021 V.

Date: 29.07.2021

Your Name: Victor M Corman

Manuscript Title: __ High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the

title will be changed according to the journal style!)
Manuscript number (if known): ms. 152264-JCI-CMED-1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	General funding started in 01.04.2021 and ended 31.05.2021 External Analytical Testing	German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen. 74,41 € per Test (SARS CoV2 Antibody IgG, IgA ELISA, Neutralizing AB Test) per patient or donor (Labor Vivantes)
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	Euroimmun	Dr. Corman has a patent "A method and reagents for the diagnosis of SARS-CoV-2" (EP3715847) pending to Euroimmun, and Charite.
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of oquipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
	manda merests		

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	ICMJE DISCLOSURE FORM	
Date:	141 JUNE 170RA	BRateGruhe
Your Name:	PO DE MED BEATE GRUNEP	

Manuscript Title:__ High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the title will be changed according to the journal style!)

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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)
	THE SAME THAT IS	Time frame: Since the initia	planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

PD Dr. med. Beate Grüner

Universi asklinikum Ulm Zentrum für Innere Medizin - Klinik für Innere Medizin Sektion Klinische Infektiologie

Albert-Einstein-Allee 23 • 89081 Ulm Telefon 073 = 500-4 15 51 • Fax 500-45555 beate.gruener@unimit in tilm.de

4 Consulting fees None Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony None Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board society. None	Royalties or licenses	3 F	alties or licenses	None	
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None					
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lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None	Consulting fees	4	sulting fees	None	
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manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None None None None None None None None	lectures, presentations,	1	ures, presentations,	None	
testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None	manuscript writing or	ı	nuscript writing or		The Color of the C
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None				None	v , same v ,
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None				None	
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pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None None	of the court new to the testilities.			a topic staller is a formation for the	rational and and and the superior make a superior
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None				None	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role None					2
10 Leadership or fiduciary role None	Safety Monitoring Board or	9	ety Monitoring Board or	None	
	Advisory Board	/	isory Board		
	in other board, society,	i	ther board, society,	None	
committee or advocacy group, paid or unpaid				4 1 (y = 1 (y = 1)	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11 Stock or stock options None				None	
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					The second secon
12 Receipt of equipment, materials, drugs, medical writing, gifts or other	materials, drugs, medical	1	terials, drugs, medical	None	
services				V 2	
13 Other financial or non- financial interests None		778.00		None	

I certify that I have answered every question and have not altered the wording of any of the questions on this form. Beerte G Ulm 141 YULY 122 M

PD Dr. med. Beate Grüner

Universitätsklinlkum Ulm

Beate Grunes

Zentrum für Innere Medizin · Klinik für Innere Medizin III Sektion Klinische Infektiologie

Albert-Einstein-Allee 23 · 89081 Ulm Telefon 0731 500-45551 · Fax 500-45555 beate.gruener@uniklinik-ulm.de

Date:	_14.07.2021
Your Name:	_Lucas Ernst
Manuscript Title:_	_ High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the
title will be change	ed according to the journal style!)
Manuscript numb	er (if known): ms. 152264-JCI-CMED-1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ None	

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

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

Date: 2021-07-19

Your Name: Peter Spieth

Manuscript Title:__ High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the

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Manuscript number (if known): ms. 152264-JCI-CMED-1

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3	Royalties or licenses	x None	

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

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Date:07-21-2021
Your Name:Philipp M. Lepper
Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the
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Manuscript number (if known): ms. 152264-JCI-CMED-1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen. up to 4400 € per patient treated within the trial 2000 € set up fee for initiation of the trial (both paid to participating institution [not to the investigator])
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Passint of agricment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Philipp Lung

Date:	22/07	2021			
Your Name:		MARTIN	1 BENTZ		
Manuscript Titl	e: High Dose	Convalescent Plasma in (COVID-19: Results from the Rand	omized Trial CAPSID	- (note: the
title will be cha	nged according	to the journal style!)			111000.0110
Manuscript nur	mber (if known)	: ms 152264-ICL-CMED-1			

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3	Royalties or licenses		
4	Consulting fees	None	
"	Consulting rees	None	
5	Payment or honoraria for	None	7,000
٦	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events	·	
6	Payment for expert	None	
١	testimony	— None	
	testimony		

7	Support for attending	None	
	meetings and/or travel		,
			. ,
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or	-	
	Advisory Board		
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10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		·
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Prof. Dr. med. M. Bentz
Prof. Dr. med. M. Bentz
Direktor der Medizinischen Klinik III
Hämatologie, Onkologie,
Intektionskrankheiten, Palliativmedizin
Moltkestraße 90, 76133 Karlsruhe
Telefon 0721 974-3001

Date: 19.07.2021	
Your Name: Sebastian Zinn	
Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: th	ıe
title will be changed according to the journal style!)	
Manuscript number (if known): ms. 152264-JCI-CMED-1	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months

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

Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Frankfurt am Main den 21.07.2021

Date: 13/07/2021

Your Name: Dr. Gregor Paul

Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID

Manuscript number (if known): ms. 152264-JCI-CMED-1

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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,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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



Your Name: Johannes Kalbhenn				
Manuscript Title:	High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the			

title will be changed according to the journal style!)
Manuscript number (if known): ms. 152264-JCI-CMED-1

Date: 14.07.2021

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	

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

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

Freiburg, July 14th 2021, Johannes Kalbhenn

Date:14.07.2021	
Your Name:Prof. Dr. Dr. Matthias Dollinger	_
Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: th	ıe
title will be changed according to the journal style!)	
Manuscript number (if known): ms. 152264-JCI-CMED-1	

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4	Consulting fees	None	
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	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
'	Support for attending meetings and/or travel	None	
	meenings array or crarer		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	manda meccos		

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Prof. Dr. Dr. Matthias Dollinger
Chefarzt der Medizinischen Klinik I
Klinikum Landshut gemeinnützige GmbH
Robert-Koch-Str. 1 · 84034 Landshut
Tel. 0871/698-3717 · Fax 0871/698-3474
mert-klinik1@klinikum-landshut.de

Date: 7/15/202	D OCICALITICIA (-D)	Or mil	
Your Name:	NOSENBERGER	IFIEI	
Manuscript Title: High Dose	Convalescent Plasma in COVID-19.	Results from the Randomized Trial CA	PSID (note: the
title will be changed according	to the journal style!)		
Manuscript number (if known)	ms 152264-ICI-CMFD-1		

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		Time frame: past	36 months
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Royalties or licenses None		Y		
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-	3	Royalties or licenses	None	
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8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None			V	
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11 Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None	10	in other board, society,	None	
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None			/	
materials, drugs, medical writing, gifts or other services 13 Other financial or non- None	11	Stock or stock options		
materials, drugs, medical writing, gifts or other services 13 Other financial or non- None				
13 Other financial or non- None	12	materials, drugs, medical writing, gifts or other	None	
	12	0.000.000.0000	Y	
	13		None	

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

Date:	700	1107/14	
Your Name:	ずに.	THOMAS	KIRSCHNIUG
Manuscript Titl	e: High Do	ose Convalescen	t Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the
title will be cha	nged accord	ing to the journ	al style!)
Manuscript nur			

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		2 L	
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	in item #1 above).		

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
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	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
4.7	services	None	
13	Other financial or non- financial interests	None	
			1/1/100

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

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

Date:14.07.2021	
_	
Your Name: Thomas Thiele	
Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Re	andomized Trial CAPSID (note: the
title will be changed according to the journal style!)	(
Manuscript number (if known): ms. 152264-ICI-CMFD-1	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	September on the contract of the second section of the second sec
8	Patents planned, issued or pending	None	THE STREET OF THE PERSON OF TH
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	
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X I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: 1411 July 2021
Signature:

Date:	21-July-2021					
Your Name:	Dr. Thomas Appl					
		 	- 1- 6	 	1 m 1 1 a a maim /	

Manuscript Title: ___ High Dose Convales cent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the title will be changed according to the journal style!)

Manuscript number (if known): ms. 152264-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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		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)
		Time frame: Since the initia	
1	All support for the present manuscript (e.g., funding, provision of study materials,	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial
	medical writing, article processing charges, etc.)		3.555.082 €
	No time limit for this item.		(paid to participating institution [not to the investigator])
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	→ None	
3	Royalties or licenses	X None	

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

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

Dr. Man M

Date: July 14th 2021

Your Name: Benjamin Mayer

Manuscript Title: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID

(note: the title will be changed according to the journal style!)

Manuscript number (if known): ms. 152264-JCI-CMED-1

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		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)
,		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen.
	processing charges, etc.) No time limit for this item.	Biometrical Data Evaluation and Report	12.600 € (Prof. Dr. B. Mayer, University of Ulm)
		Time frame: past	36 months
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,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
_	0 10 11		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	

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

Prof. Dr. Benjamin Mayer

Date:	_16-July-2021
Your Name:	Prof.Dr.Michael Schmidt
Manuscript Tit	le: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the
title will be cha	anged according to the journal style!)
Manuscript nu	mber (if known): ms. 152264-JCI-CMED-1
•	

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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)
1	All support for the present manuscript (e.g., funding, provision of study materials,	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial
	medical writing, article processing charges, etc.) No time limit for this item.		3.555.082 € (paid to participating institution [not to the investigator])
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

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

Milate

Date:	05.08.2021		
Your Name:	Prof. Dr.	Christian	Drosten
Manuscript Title:	High Dose C	onvalescent Plas	sma in COVID-19: Results from the Randomized Trial CAPSID (note: the
title will be chan	ged according t	o the journal sty	rle!)
Manuscript num	ber (if known):	ms. 152264-JCI-0	CMED-1

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		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)
	TO SEE V. WALKER LINES, LANGE	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	General funding started in 01.04.2021 and ended 31.05.2021 External Analytical Testing	German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen. 74,41 € per Test (SARS CoV2 Antibody IgG, IgA ELISA, Neutralizing AB Test) per patient or donor (Labor Vivantes)
T LIMIT		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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

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

Yellowing statement to indicate your agreement:

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

Date:	2021-08-03
/our Name:	Hinnerk Wulf
Manuscript Title	High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the title will be
:hanged accord	g to the journal style!)
Manuscript nun	er (if known): ms. 152264-JCI-CMED-1

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		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)
40	发展的是一种主义。	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen. up to 4400 € per patient treated within the trial 2000 € set up fee for initiation of the trial (both paid to participating institution [not to the investigator])
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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

(I certify that I have answered every question and have not altered the wording of any of the questions ont his form.

Prof. Dr. med. H. Wulf

Date:	15.7.2021		
- Your Name: Dr. Jan Kı	ruco.		

Your Name: Dr. Jan Kruse

Manuscript Title:__ High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the

title will be changed according to the journal style!)

Manuscript number (if known): ms. 152264-JCI-CMED-1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None	
4	Consulting fees	None	
4	Consulting rees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	A CONTROL OF THE CONT
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	1000年的新疆域的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical writing, gifts or other	None	
	services		
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.

Date: July 14, 2021			
Your Name: Prof. Dr. Bettina Jungwirth	ν.	£	_

Manuscript Title:__ High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the title will be changed according to the journal style!)

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	国际发现的共享	Time frame: past	36 months
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
		- Harris Marie	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
		CONTRACTOR OF THE PARTY OF THE	

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

Prof. Dr. med. Bettina Jungwirth

Ärztliche Direktorin Klinik für Anästhesiologie und Intensivmedizin Universitätsklinikum Ulm

Albert-Einstein-Allee 23

89081 Ulm

Date:	_16-July-2021
Your Name:	Univ.Prof.Dr.Dr.h.c. Erhard Seifried
Manuscript Tit	le: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the
title will be cha	anged according to the journal style!)
Manuscript nu	mber (if known): ms. 152264-JCI-CMED-1

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	No time limit for this item.		(paid to participating institution [not to the investigator])
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	x None	30 months
	in item #1 above).		
3	Royalties or licenses	x None	
4	Consulting fees	x None	

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

Thiti

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

Date:	_21-July-2021
Your Name:	Prof. Dr. Hubert Schrezenmeier
Manuscript Tit	le: High Dose Convalescent Plasma in COVID-19: Results from the Randomized Trial CAPSID (note: the
title will be cha	anged according to the journal style!)
Manuscript nu	mber (if known): ms. 152264-JCI-CMED-1

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1	All support for the present manuscript (e.g., funding, provision of study materials,	General funding started in 01.04.2021 and ended 31.05.2021	German Federal Ministry of Health funded the clinical trial
	medical writing, article processing charges, etc.)		3.555.082 €
	No time limit for this item.		(paid to participating institution [not to the investigator])
	La promer (decimal september)	Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).		Funding from the European Commission for the European Collaborative Project "SUPPORT-E" ("Supporting high quality evaluation of COVID-19 convalescent plasma throughout Europe", no.101015756). H.S. participates in this project as Work Package leader. Funding is paid to the institution.
		1	Funding from the Ministry for Science, Research and Arts of Baden-Württemberg, Germany for analysis of immune response in COVID-19 convalescent individuals. Funding is paid to the institution.

			The CAPSID trial has not been funded by these two grants but only by the German Federal Ministry of Health – see above #1
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	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	X_ None	

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

21.07. 202

SCHREGENMEIER