

## ICMJE DISCLOSURE FORM

Date: 21-July-2021

Your Name: Dr. Sixten Körper

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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>	General funding started in 01.04.2021 and ended 31.05.2021	<b>German Federal Ministry of Health funded the clinical trial</b>
			3.555.082 €
			(paid to participating institution [not to the investigator])
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> 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)	unpaid
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.



## ICMJE DISCLOSURE 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!)

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			up to 4400 € per patient treated within the trial	
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			(both paid to participating institution [not to the investigator])	
<b>Time frame: past 36 months</b>				
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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	

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.**

Ulm, July 13<sup>th</sup>, 2021 Manfred Weiss

*M. Weiß*

## ICMJE DISCLOSURE FORM

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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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	

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form.

A handwritten signature in purple ink, consisting of a stylized initial 'A' followed by a cursive name.

## ICMJE DISCLOSURE 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	



3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pajunk	Lectures (not relate tot the topic)
		B. Braun	Lecture (not related to the topic)
		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 Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ESRA	ESRA (European Society of Regional Anesthesia & Pain Medicine): German Board Member (unpaid)
		DGAI	DGAI (Dt. Gesellschaft f. Anästhesie & Intensivtherapie, German Society of Anesthesia & Intensive Care Medicine), Vice-Speaker of the Working Group on „Regional Anesthesia“(unpaid)
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:

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

T. King

ICMJE DISCLOSURE FORM

Date: 2021 07 14

Your Name: ZACHAROWSKI, KAI

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None <u>EUROPEAN UNION</u> <u>WORK FROM 2020</u>	<u>ENVISION</u>

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

F, 14.07.2021 U. 

## ICMJE DISCLOSURE FORM

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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		External Analytical Testing	74,41 € per Test (SARS CoV2 Antibody IgG, IgA ELISA, Neutralizing AB Test) per patient or donor (Labor Vivantes)
<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	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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 Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Beate Grüner

Date: 14 July 2021

Your Name: PO Dr med BEATE GRÜNER

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

PD Dr. med. Beate Grüner  
 Universitätsklinikum Ulm  
 Zentrum für Innere Medizin • Klinik für Innere Medizin  
 Sektion Klinische Infektiologie  
 Albert-Einstein-Allee 23 • 89081 Ulm  
 Telefon 0714 500-4751 • Fax 500-4555  
 beate.gruener@uniklinik-ulm.de

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Beate Grünert  
Ulm 14 July 2021

Beate Grünert

**PD Dr. med. Beate Grünert**  
 Universitätsklinikum Ulm  
 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



## ICMJE DISCLOSURE FORM

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 changed according to the journal style!)

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## ICMJE DISCLOSURE FORM

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 title will be changed according to the journal style!)

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3	Royalties or licenses	x None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

## ICMJE DISCLOSURE FORM

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 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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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>	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.	
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			2000 € set up fee for initiation of the trial	
			(both paid to participating institution [not to the investigator])	
<b>Time frame: past 36 months</b>				
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>		

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: 22/07/2021

Your Name: MARTIN BENTZ

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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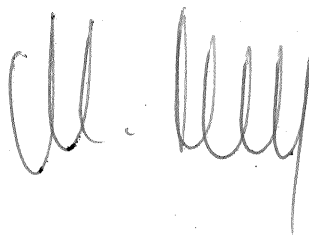
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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<b>Time frame: past 36 months</b>				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		



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

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

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

## ICMJE DISCLOSURE FORM

Date: 19.07.2021 \_\_\_\_\_

Your Name: Sebastian Zinn \_\_\_\_\_

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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		03.2021	Article: "COVID-19: Intensive care patients – current pharmacological strategies" <i>Arzneimitteltherapie 2021; 39(03):70-80</i> 500 € paid to the institution, not to the authors
<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:

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



## ICMJE DISCLOSURE FORM

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

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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<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	
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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	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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.

Dr. Gregor Paul, 13.07.2021



## ICMJE DISCLOSURE FORM

Date: 14.07.2021 \_\_\_\_\_

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

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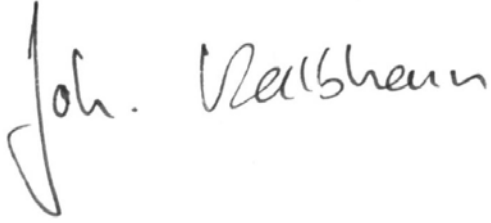
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	

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	

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.

Freiburg, July 14<sup>th</sup> 2021, Johannes Kalbhenn

A handwritten signature in black ink that reads "Joh. Kalbhenn". The signature is written in a cursive style with a large initial 'J'.



## ICMJE DISCLOSURE FORM

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

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

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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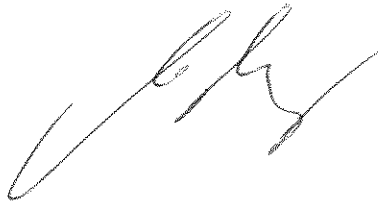
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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



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 0871/698-3476  
 med.klinik1@klinikum-landshut.de

ICMJE DISCLOSURE FORM

Date: 7/15/2021  
 Your Name: ROSENBERGER, PETER

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



## ICMJE DISCLOSURE FORM

Date: 2021/07/14

Your Name: PIZ. THOMAS KIRSCHNING

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



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



## ICMJE DISCLOSURE FORM

Date: 14.07.2021 \_\_\_\_\_

Your Name: Thomas Thiele \_\_\_\_\_

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> 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: 14th July 2021

Signature:





## ICMJE DISCLOSURE FORM

Date: 21-July-2021

Your Name: Dr. Thomas Appl

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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>	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])
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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



## ICMJE DISCLOSURE FORM

Date: July 14<sup>th</sup> 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

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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<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>	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.
		Biometrical Data Evaluation and Report	12.600 € (Prof. Dr. B. Mayer, University of Ulm)
<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.

  
Prof. Dr. Benjamin Mayer

## ICMJE DISCLOSURE FORM

Date: 16-July-2021

Your Name: Prof.Dr.Michael Schmidt

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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<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>	General funding started in 01.04.2021 and ended 31.05.2021	<b>German Federal Ministry of Health funded the clinical trial</b>
			3.555.082 €
			(paid to participating institution [not to the investigator])
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

16.07.2021



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

16.07.2021





## ICMJE DISCLOSURE FORM

Date: 05.08.2021

Your Name: Prof. Dr. Christian Drosten

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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>	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.
		External Analytical Testing	74,41 € per Test (SARS CoV2 Antibody IgG, IgA ELISA, Neutralizing AB Test) per patient or donor (Labor Vivantes)
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> 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:

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: 2021-08-03

Your Name: Hinnerk Wulf

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 preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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>	General funding started in 01.04.2021 and ended 31.05.2021 <b>German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen.</b> 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])
<b>Time frame: past 36 months</b>		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>

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

**Prof. Dr. med. H. Wulf**

## ICMJE DISCLOSURE FORM

Date: 15.7.2021

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

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

## ICMJE DISCLOSURE FORM

Date: July 14, 2021

---

Your Name: Prof. Dr. Bettina Jungwirth

---

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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			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])	
<b>Time frame: past 36 months</b>				
2		None		

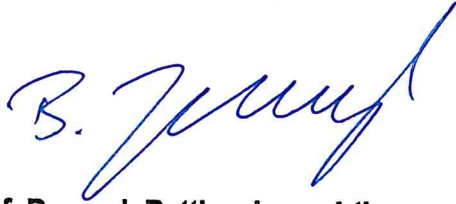


	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	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:



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**

## ICMJE DISCLOSURE FORM

Date: 16-July-2021

Your Name: Univ.Prof.Dr.Dr.h.c. Erhard Seifried

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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			3.555.082 €
			(paid to participating institution [not to the investigator])
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

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



## ICMJE DISCLOSURE FORM

Date: 21-July-2021

Your Name: Prof. Dr. Hubert Schrezenmeier

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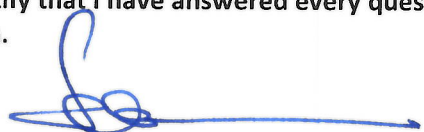
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
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			3.555.082 €
			(paid to participating institution [not to the investigator])
<b>Time frame: past 36 months</b>			
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.  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	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

  
 21.07.2021  
 SCHRECKENMEIER