

## ICMJE DISCLOSURE FORM

**Date:** 10/22/2021

**Your Name:** Katharine J Bar

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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 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.

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		AIDS Clinical Trials Group, A5404 PROTOCOL TITLE: SARS-CoV-2 Immune Responses after COVID-19 Therapy and Subsequent Vaccine	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 10/22/2021

**Your Name:** Pamela Shaw

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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**Date:** 10/22/2021

**Your Name:** Grace H Choi

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/24/2021

**Your Name:** Nicole Aqui

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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:** 10/25/2021

**Your Name:** Andrew Fesnak

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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## ICMJE DISCLOSURE FORM

**Date:** 10/22/2021

**Your Name:** Jasper Yang

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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**Date:** 10/23/2021

**Your Name:** Haideliza Soto Calderon

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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:** 10/23/2021

**Your Name:** Lizette Grajales

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2021

**Your Name:** Julie Starr

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/22/2021

**Your Name:** Michelle Andronov

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/22/2021

**Your Name:** Miranda Mastellone

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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:** 10/25/2021

**Your Name:** Chigozie Amonu

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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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:** 10/22/2021

**Your Name:** Geoffrey Feret

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2021

**Your Name:** Maureen DeMarshall

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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:** 10/25/2021

**Your Name:** Marie Buchanan

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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## ICMJE DISCLOSURE FORM

**Date:** 10/22/2021

**Your Name:** Maria Caturla

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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## ICMJE DISCLOSURE FORM

**Date:** 10/22/2021

**Your Name:** James Gordon

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/26/2021

**Your Name:** Alan Wanicur

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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**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:** 10/22/2021

**Your Name:** M.Alexandra Monroy

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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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:** 10/26/2021

**Your Name:** Felicity Mampe

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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## ICMJE DISCLOSURE FORM

**Date:** 10/26/2021

**Your Name:** Emily Lindemuth

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/24/2021

**Your Name:** Sigrid Gouma

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2021

**Your Name:** Anne Mullin

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2021

**Your Name:** Holly Barilla

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/26/2021

**Your Name:** Anastasiya Pronina

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/26/2021

**Your Name:** Leah Irwin

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2021

**Your Name:** Raeann Thomas

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/26/2021

**Your Name:** Risa Eichinger

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2021

**Your Name:** Faye DeMuth

**Manuscript Title:** A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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:** 10/22/2021

**Your Name:** Eline T. Luning Prak

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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 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)						
Time frame: Since the initial planning of the work								
<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="height: 15px;"> </td></tr> </table> <p style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Roche Diagnostics Corporation grant</td> <td style="width: 50%;">Parallel analysis of COVID-19 serum samples for antibody binding and virus neutralization</td> </tr> <tr><td style="height: 15px;"> </td><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="height: 15px;"> </td></tr> </table>	Roche Diagnostics Corporation grant	Parallel analysis of COVID-19 serum samples for antibody binding and virus neutralization				
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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)
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		MedScape	Invited to chair session on COVID serology (payment <\$2,000 USD)
		American Association of Clinical Chemistry	Invited lecture on COVID serology (payment <\$1,000 USD)
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Member, COVID virtual advisors Roche Corporation	Paid <\$1,500 to research lab
		Member, Scientific Advisory Board, The Antibody Society	Unpaid position
		Former chair, Adaptive Immune Receptor Repertoire Community	Unpaid position

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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:** 8/26/2021

**Your Name:** Jose L. Pascual L MD, PhD

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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 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.

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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								
<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">Grifols International, ISR for basic science</td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	Grifols International, ISR for basic science					
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<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">Textbook editor, Opioids in Critical Care (springer nature)</td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	Textbook editor, Opioids in Critical Care (springer nature)					
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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)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Pfizer Injectables Consultant</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Pfizer Injectables Consultant								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr> <td>Multiple Medical-Legal expert cases as consultant</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Multiple Medical-Legal expert cases as consultant								
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>Antithrombin III in TBI</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Antithrombin III in TBI								
Antithrombin III in TBI											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Executive Committee Society of Critical Care medicine</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Executive Committee Society of Critical Care medicine								
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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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:** 10/22/2021

**Your Name:** William R Short

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)
4	Consulting fees	<input type="checkbox"/> None	
		ViiV	Payments made to me
		Gilead Sciences	Payments made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		ViiV	Payments made to me
		Janssen	Paymentst made to me
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	

		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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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:** 10/25/2021

**Your Name:** Michal A. Elovitz

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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Time frame: Since the initial planning of the work								
<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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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:** 10/22/2021

**Your Name:** Jillian Baron

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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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:** 10/23/2021

**Your Name:** Nuala J Meyer

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">CAVIARDS trial (Careful Ventilation in ARDS)</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	CAVIARDS trial (Careful Ventilation in ARDS)								
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## ICMJE DISCLOSURE FORM

**Date:** 10/26/2021

**Your Name:** Kathleen Degnan

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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## ICMJE DISCLOSURE FORM

**Date:** 10/22/2021

**Your Name:** Ian Frank

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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 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.

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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)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table> <p style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Moderna, Janssen, Sanofi</td> <td>To U Penn</td> </tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>	Moderna, Janssen, Sanofi	To U Penn				
Moderna, Janssen, Sanofi	To U Penn							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Gilead, ViiV</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Gilead, ViiV								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">HIV Vaccine Trials Group</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	HIV Vaccine Trials Group								
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**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:** 10/25/2021

**Your Name:** Scott Hensley

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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Time frame: Since the initial planning of the work		
<b>1</b>	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>	<input type="checkbox"/> None  <div style="border: 1px solid black; padding: 5px; min-height: 100px;">                         We thank J. Lurie, J. Embiid, J. Harris, and D. Blitzler for philanthropic support.                     </div>
Time frame: past 36 months		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>



		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)
4	Consulting fees	<input type="checkbox"/> None	
		SEH has received consultancy fees from Sanofi Pasteur, Lumen, Novavax, and Merck for services unrelated to this work.	
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 type="checkbox"/> None	
		<i>Universal Influenza Vaccine and Methods of Use 63/241,281 (unrelated to this manuscript)</i>	
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	<input checked="" type="checkbox"/> None	

		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)						
	advocacy group, paid or unpaid								
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 10/24/2021

**Your Name:** Donald Siegel

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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Time frame: past 36 months								
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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2021

**Your Name:** Pablo Tebas

**Manuscript Title:** A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia

**Manuscript Number (if known):** **155114-JCI-CMED-RV-2**

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		Duke Universtiy	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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