

ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Livia Casciola-Rosen

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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.

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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: 3/17/2022

Your Name: David R Thiemann, MD

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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Date: 3/17/2022

Your Name: Felipe Andrade

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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		Advise Connect	Payments to FA
		Vivo Ventures	Payments to FA
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: 3/17/2022

Your Name: Maria Isabel Trejo-Zambrano

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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Date: 3/17/2022

Your Name: Elissa Leonard

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

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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: 3/17/2022

Your Name: Jamie Spangler

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Nicole Skinner

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Justin Bailey

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Srinivasan Yegnasubramanian

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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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: 3/17/2022

Your Name: Rulin Wang

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Ajay M. Vaghasia

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Anuj Gupta

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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Date: 3/17/2022

Your Name: Andrea Cox

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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: 3/17/2022

Your Name: Stuart C. Ray

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Raleigh M. Linville

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Zhaobin Guo

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Peter Searson

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Gates Foundation</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Gates Foundation					Click the tab key to add additional rows.
Gates Foundation								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></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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4	Consulting fees	<input checked="" type="checkbox"/> None <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"/> None <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"/> None <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 checked="" type="checkbox"/> None <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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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: 3/17/2022

Your Name: Carolyn Machamer

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH R01 GM117399</td> <td>Grant expired 11/30/2019</td> </tr> <tr> <td>NIH R01 HL133413</td> <td>Grant expired 6/30/2021</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	NIH R01 GM117399	Grant expired 11/30/2019	NIH R01 HL133413	Grant expired 6/30/2021		
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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	
		Stony Brook University	Honorarium for lecture
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	
		Advisory board: COVID Early Treatment Fund	Volunteer, 2020-2021
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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Stephen Desiderio

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							Click the tab key to add additional rows.
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></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	
		Genentech	Payments to me
		Imago Biosciences	Payments to me
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	

		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)						
11	Stock or stock options	<input type="checkbox"/> None <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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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Lauren M. Sauer

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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	
		World Health Organization	GOARN Strategy Development
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	

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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Oliver Laeyendecker

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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Division of Intramural Research, National Institute of Allergy and Infectious Diseases, National Institutes of Health	They pay my salary								
Click the tab key to add additional rows.									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

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11	Stock or stock options	<input checked="" type="checkbox"/> None <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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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: 3/17/2022

Your Name: Brian T. Garibaldi

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></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								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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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	
		Janssen Research and Development, LLC	Adjudication for COVID vaccine trials
		Gilead Life Sciences	Consulting related to COVID therapeutics
		Atea Pharmaceuticals	Consulting related to COVID therapeutics
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 type="checkbox"/> None	
		Hopkins COVID trials DSMB	Member of DSMB for small COVID clinical trials
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Founding Board Member for Society of Bedside Medicine	Non-profit dedicated to education, innovation and research on the role of the clinical encounter in 21 st century medicine.

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Li Gao

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Mahendra Damarla

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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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	

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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: 3/17/2022

Your Name: Paul M. Hassoun

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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4	Consulting fees	<input type="checkbox"/> None	
		Merck & Co.	Serves on an Scientific Steering Committee, an activity unrelated to the current manuscript
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Jody E. Hooper, MD

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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: 3/17/2022

Your Name: Christopher Mecoli

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Lisa Christopher-Stine

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">Pfizer</td><td>Paid to the institution; clinical trial support</td></tr> <tr><td>Corbus</td><td>Paid to the institution; clinical trial support</td></tr> <tr><td>Kezar</td><td>Paid to the institution; clinical trial support</td></tr> </table>	Pfizer	Paid to the institution; clinical trial support	Corbus	Paid to the institution; clinical trial support	Kezar	Paid to the institution; clinical trial support	
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4	Consulting fees	<input type="checkbox"/> None	
		Janssen	Consultant; paid to me
		Boehringer-Ingelheim	Consultant; paid to me
		Mallinckrodt	Consultant; paid to me
		EMD Serono	Consultant; paid to me
		ArgenX	Consultant; paid to me
		Allogene	Consultant; paid to me
		Pfizer	Consultant; paid to me
		Horizon Therapeutics	Consultant; paid to me
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 type="checkbox"/> None	
		Bendin Sumrall and Ladner LLC	
		Feldman, Kleidman Coffey & Sappe LLP	
		Downs Ward Bender Hauptmann & Herzog, P.A.	
		Sulloway and Hollis	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Inova Diagnostics/RDL	Anti-HMGCR assay
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	

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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Laura Gutierrez-Alamillo

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: QINGYUAN YANG

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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: 3/17/2022

Your Name: David A Hines Jr

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: William Clarke

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Richard Rothman

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/17/2022

Your Name: Andrew Pekosz

Manuscript Title: Genetic and cellular evidence of vascular inflammation in neurofibromin-deficient mice and humans

Manuscript Number (if known): 158362-INS-CMED-RV-3

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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: 3/17/2022

Your Name: Katherine Fenstermacher

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Zitong Wang

Manuscript Title: Genetic and cellular evidence of vascular inflammation in neurofibromin-deficient mice and humans

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Scott Zeger

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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: 3/17/2022

Your Name: Antony Rosen

Manuscript Title: IgM anti-ACE2 autoantibodies in severe COVID-19 activate complement and perturb vascular endothelial function

Manuscript Number (if known): 158362-INS-CMED-RV-3

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Gates Philanthropy Partners															
Jerome L. Greene Foundation															
NIH P30-AR 070254															
Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>													
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>INOVA-HMGCR Assay</td><td>Payment to individual and institution</td></tr> <tr><td>Celgene- PAD4 Assay</td><td>Payment to individual and institution</td></tr> <tr><td> </td><td> </td></tr> </table>	INOVA-HMGCR Assay	Payment to individual and institution	Celgene- PAD4 Assay	Payment to individual and institution									
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Celgene- PAD4 Assay	Payment to individual and institution														

		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"/> None <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"/> None <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>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <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>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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>									
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Am a co-inventor on a patent application filed by Johns Hopkins University that encompasses aspects of this publication</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>	Am a co-inventor on a patent application filed by Johns Hopkins University that encompasses aspects of this publication								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <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>									

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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.

Checklist for submitting a revised Clinical Medicine manuscript

In addition to addressing the items noted in the decision letter regarding your manuscript, ensure that your revised manuscript adheres to the guidelines below. For full submission details, [visit the JCI website](#).

Required files

Manuscript

- PDF of a clean version of the entire manuscript; include references, figures, figure legends, and tables.
- PDF of a marked-up version of the entire manuscript showing revisions and beginning with a point-by-point response to reviewer comments.
- Word or RTF file of all manuscript text; include references, figure legends, tables, table legends, and references (but not figures, images, markup, or point-by-point responses).
- Single PDF file of completed [ICMJE uniform disclosure forms](#) from all authors.
- For clinical trials, PDF of the appropriate reporting checklist (CONSORT, STROBE, etc.).

Figures

- Publication-quality figures in TIFF format. See detailed [instructions for figure preparation](#).
- Recommended: Graphical abstract ([details available here](#)).

Supplemental material

- Supplemental information, figures, and modest-sized tables, as:
 - (a) (if applicable) a PDF in which reviewer-requested changes are highlighted
 - (b) a clean, publication-quality PDF
- Upload any supplemental videos and/or large Excel files separately.
- Before submission, carefully review all supplemental files; they will not be checked by a copy editor. The Journal is not responsible for any errors contained in supplemental material.

Gels and blots

- For any figure showing a cropped blot or gel: a PDF, PPT, or PPTX file (distinct from any other supplemental material) that shows the entire unedited image.
- Annotate each image as, e.g., "Full unedited gel for Figure 2."
- Clearly indicate which bands were used for the figures.

Formatting and style

- Recommended 9,000/maximum 12,000 words (including title page, full text, references, figure legends, and tables).
- Double-spaced throughout, including references and tables; figure legends may be single spaced if necessary to keep a figure and its legend on the same page.
- All pages are numbered.
- Each section begins on a new page.

Abbreviations and acronyms

- Standard [JCI abbreviations and acronyms](#) are used without definition.
- All other abbreviations and acronyms are spelled out at first use in the Abstract and again at first use in the main text (with the abbreviated form appearing in parentheses), and used without definition thereafter.

Gene and protein names and symbols

- Gene names and symbols conform to official [NCBI Gene Nomenclature](#).
- Presented according to [JCI Gene nomenclature and style](#).

Italicization

- Generally reserved for gene symbols, genotypes, and species names.
- Terms such as *in vivo*, *in vitro*, etc., are not italicized.

Unpublished data, manuscripts in preparation or under review, and personal communications

- Cited parenthetically in the text, not as numbered references; e.g., "(Jane L. Doe, UCLA, Los Angeles, California, USA, unpublished observations)."
- Written permission to cite unpublished observations by individuals external to the author's research team (email is sufficient) is submitted.

Reference citations

- Appear in parentheses preceded by a space, e.g., "as described previously (1, 2)"; "several research groups (4–10) have found."
- No superscript, boldface, italics, etc.

Figure and table callouts

- Figures and tables are called out in numerical order.
- "Figure," "Table," "Supplemental Figure," "Supplemental Table," etc., are spelled out.
- Callouts appear in parentheses (no boldface or italics) preceded by a space, unless grammatically part of the sentence: "the levels increased (Figure 5A)"; "data shown in Table 2."
- Parts called out as, e.g., "Figure 1A"; "Figure 2, A and B"; "Figure 3, B–D."

Manuscript preparation and required reporting

Title page

Manuscript title

- Clear, concise, and limited to 15 words, including conjunctions.
- Refers to the relevant disease or disease model studied.
- No subtitles, colons, periods, or nonstandard abbreviations.

Authors and affiliations

- Author names are provided in full (for example, "Benita J. Sjögren") and in the appropriate order.
- No titles, honorifics, degrees, or certifications.
- Affiliations correspond to the period when the work was performed.
- For authors whose affiliation has changed since completion of the work, specify the present affiliation and location below the numbered list.
- Affiliation footnotes assigned consecutively using superscripted numbers (1, 2, 3, etc.).
- Affiliations include departments, institutions, city, state (if applicable), and country (but not mailing addresses or zip/regional codes).
- Corresponding author's complete name, address, telephone number (including country code if applicable), and email address.

Consortium/study groups shown as authors (e.g., CARDIoGRAM Consortium)

- Unless the members of the group appear as authors, each individual member and their affiliation are listed in the supplemental material, under the heading Supplemental Acknowledgments.
- The following sentence appears in Acknowledgments: "See Supplemental Acknowledgments for details on {name of consortium}."

Conflict-of-interest statement

- A statement consistent with the Journal's [conflict-of-interest policy](#) is included; if no author has a conflict, state the following: "The authors have declared that no conflict of interest exists."
- If patents are involved, the patent or patent application number(s) are provided, and the names of the associated authors specified.

Abstract

Structured format with the sections Background, Methods, Results, Conclusion, Trial registration, Funding.

Maximum 250 words.

No references.

All nonstandard abbreviations are defined at first use.

Main text (presented in the following order)

Introduction

Results

Discussion

Methods

Demographic reporting ([see details here](#))

Reporting on race and ethnicity adheres to [NIH guidelines](#) or other applicable authoritative standards.

Descriptors for any demographic identities are clear, unbiased, and up-to-date.

Data for any demographic variable are inclusive; if any information is unavailable or incomplete, an explanation is provided.

Specify whether the participants or investigators made the classifications; and whether the options were defined by the investigators or participants.

Complete manufacturer name (omit location) is provided for each proprietary item used.

For animal models, precise genotype, strain, number of backcrosses, sex, age, and source are specified.

Antibodies: Commercial — source and catalog/clone number are specified for each; custom — generation of antibodies is described (or an appropriate reference is cited).

Source of all cell lines used is indicated.

Data sets for gene expression microarrays, SNP arrays, and high-throughput sequencing studies are deposited in a public repository, and accession number(s) provided in Methods in the main text (for publication, data must be publicly available).

Statistics

Section appears near the end of Methods ([before](#) “Study approval”).

The *P* value used to determine significance of differences is specified; e.g., “A *P* value less than 0.05 was considered significant.”

Analysis appropriately corrects for multiple comparisons (more than 2 groups) and for repeated measures (multiple measurements within subjects).

If samples were excluded, a statement describes inclusion/exclusion criteria.

Study approval

Stand-alone paragraph at the end of Methods.

Declaration of approval of human and/or animal studies, specifying the official name and location of the appropriate institutional review board(s).

For human studies, a statement indicates receipt of written informed consent from participants and/or their parents/guardians.

For use of photographs of participants, a separate statement of written informed consent is included.

Author contributions

Contribution of each author (identified by initials) is specified; e.g., designing research studies, conducting experiments, acquiring data, analyzing data, providing reagents, writing the manuscript. Multiple contributions may be listed for a single individual, and more than one individual may be associated with a single contribution.

Grammatically complete sentences are used.

For manuscripts with 2 or more co-first authors, the method used to assign authorship order among these authors is stated.

Acknowledgments

States sources of support in the form of grants, equipment, or drugs.

Grant numbers are provided as applicable.

Other acknowledgments, such as of colleagues for advice, are included as appropriate.

References

Prepared according to [How to prepare references for submission](#).

Figure legends

Maximum 300 words.

Each begins with stand-alone title, irrespective of the individual parts.

Figure parts are called out in boldface: **(A)**, **(B–D)**, **(C and E)**.

Symbols and abbreviations introduced in figures are defined and used consistently throughout.

Use of terms within the legends is consistent with that in the figures themselves.

In each figure legend where appropriate, the statistical test(s) used are described.

For each panel representing multiple experiments, the exact number of samples (*n*) is reported.

For representative experiments, the number of times the experiment was conducted is reported.

Error bars are defined either in Statistics or in the individual legends; e.g., “Data represent mean ± SEM.”

Variance around the mean and statistical analysis not provided for figures representing fewer than 3 independent samples.

For histological panels and insets, scale bars are defined or total original magnification is specified in the legends.

Figures

Prepared according to [How to prepare figures for submission](#).

For clinical trials, the appropriate flow diagram appears as a figure.

Parts are labeled with capital letters: A, B, C, etc., with no designated subparts.

Graphs of quantitative data presented as either dot plots, with average and appropriate error bars indicated; or box-and-whisker plots, with values defined in the legend (bounds of the boxes, lines within the boxes, whiskers, and any outlying values). Dynamite plunger plots are not permitted.

If lanes in a gel or blot image are spliced together into a composite image, the lanes are distinguished with a thin vertical dividing line (black on a gray background; or white on a black background). State in the legend that the lanes were run on the same gel but were noncontiguous.

Tables

Prepared in Word table format (not pasted in from another application).

Self-contained and self-explanatory.

Preceded by brief titles.

Each table fits on a single page and is presented on its own page.

Callouts to footnotes (designated with superscript capital letters) assigned alphabetically row by row.

No subparts or subsections (for example, Table 1A and Table 1B).

Column headings in tables apply to all values throughout the column; a new row of column headings may not be introduced within a table.

See “Methods” above for reporting on demographics.