

ICMJE DISCLOSURE FORM

Date: 5/3/2022

Your Name: Iris Kyungmin Lee

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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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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: 5/3/2022

Your Name: Daniel Jacome

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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ICMJE DISCLOSURE FORM

Date: 5/3/2022

Your Name: Joshua Cho

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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Your Name: Vincent Tu

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

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Date: 5/4/2022

Your Name: Anthony J. Young

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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: 5/4/2022

Your Name: Tiffany Dominguez

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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: 5/4/2022

Your Name: Justin D Northrup

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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: 5/3/2022

Your Name: Jean M. Etersque

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Hsiaoju S. Lee

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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

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

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

ICMJE DISCLOSURE FORM

Date: 5/3/2022

Your Name: Andrew Ruff

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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: 5/4/2022

Your Name: Ouniol Aklilu

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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: 5/6/2022

Your Name: Kyle Bittinger

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Laurel J Glaser

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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ICMJE DISCLOSURE FORM

Date: 5/5/2022

Your Name: Daniel Dorgan

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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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>						

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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>									
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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>									
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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>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: 5/3/2022

Your Name: Denis Hadjiliadis

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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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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: 5/3/2022

Your Name: Rahul M. Kohli

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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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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: 5/3/2022

Your Name: Robert H. Mach

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr> <td style="width: 60%;">Non-exclusive research license for TMP (AstraZeneca)</td> <td>Payment to institution (Penn)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Non-exclusive research license for TMP (AstraZeneca)	Payment to institution (Penn)				
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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 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	
		Patent issued for TMP radiotracers	No payments
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 type="checkbox"/> None	
		Co-founder of Vellum Biosciences	No payments

		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	
		Co-founder shares in Vellum Biosciences	
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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ICMJE DISCLOSURE FORM

Date: 5/3/2022

Your Name: David Mankoff

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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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	
		Invention disclosure/patent for [C-11]TMP	
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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/3/2022

Your Name: Robert K. Doot

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-JCI-CMED-RV-2)

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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>									

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

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

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

ICMJE DISCLOSURE FORM

Date: 5/6/2022

Your Name: Mark Sellmyer

Manuscript Title: Imaging Sensitive and Drug-Resistant Bacterial Infection with [11C]-Trimethoprim

Manuscript Number (if known): (156679-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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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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Patent issued for TMP radiotracers	No payments
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 type="checkbox"/> None	
		Co-founder of Vellum Biosciences	No payments

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11	Stock or stock options	<input type="checkbox"/> None	
		Co-founder shares in Vellum Biosciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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