Date: 6/1/2023

Your Name: Hina Emanuel

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.		

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

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

Date: 06-13-2023

Your Name: Hannah V. Breitschopf

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
42	B	V N	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
	manda micresis		
	ase summarize the above co	nflict of interest in the fo	lowing box:
	None.		

None.			

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

Date: 6/26/2023

Your Name: Matthew Harting

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
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Please summarize the above conflict of interest in the following box:

None.			

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

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

Date: 6/13/2023

Your Name: Diana J. Martinez Castillo

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

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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1	All augus aut fau tha pussant	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	_XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
3	in item #1 above).	V None	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:
			-

None.		

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

Date: 6/13/2023

Your Name: Aravind Yadav

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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

Date: 6/26/2023

Your Name: Katrina McBeth, MD

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH

Study Group Stage)

Manuscript number (if known): TP-23-14

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
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
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12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
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Please summarize the above conflict of interest in the following box:

None.			

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

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

Date: 6/26/2023

Your Name: Syed Shahrukh Hashmi

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.			

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

Date: 6/20/2023

Your Name: Ashley H. Ebanks

Manuscript Title: Pulmonary Oustcome of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known):

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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	testimon,		
7	Support for attending	X None	
′	meetings and/or travel	····INOTIE	
	meetings and/or traver		
8	Patents planned, issued or	<u>X</u> None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	X None	
13	financial interests	XNone	
	illialiciai liiterests		
Dlaa	se summarize the above co	inflict of interest in the fell	owing hov:
Piea	ise summarize the above co	milict of interest in the foll	DWING BOX.

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

Date: 6/20/23

Your Name: Tomika Harris

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size

Manuscript number (if known): TP-23-14

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	
5		xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	x None	
10	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	x None	
12	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		
	ase summarize the above co	nflict of interest in the fol	owing box:
- 1			I

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

Date: 6/13/2023

Your Name: Kevin P. Lally

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X_None	
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3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
7	Support for attending meetings and/or travel	_X_None	
	334 634 3,4 3 4 3		
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.		

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

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

6/22/23	
Your Name: Candy Jon	4 4 - 0 - 1
Your Name: Condy Jon Manuscript Title: Pulminary Outrones of CDM patrones of Manuscript number (if known):	and mallet size
Manuscript number (if known):	

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

5	Payment or honoraria for	(None)	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or (None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	Texas Society of Sleep Professional Vice President (non fur profit, educational)
	in other board, society,		1/1 ce president
	committee or advocacy		Lange and advant
	group, paid or unpaid		(non the prost , entrosions)
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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Plea	ase summarize the above co	onflict of interest in the fol	lowing box:
_			

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

Date: 6/20/23

Your Name: James M. Stark, MD, PhD

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

Group Stage)

Manuscript number (if known): TP-23-14

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	_	Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	V 1	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

No conflict of interest

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

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

Date: 6/13/2023

Your Name: Ricardo A. Mosquera

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	X_None	
	manda meereses		
Plea	ise summarize the above co	nflict of interest in the followi	ng hox:

None.	

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