

Instructions

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Identifying information.

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Royalties: Funds are coming in to you or your institution due to your

Daoud 1



Section 1. Identifying I	nformation	
1. Given Name (First Name) Daoud	2. Surname (Last Name) Daoud	3. Date 09-March-2021
4. Are you the corresponding autho	? Yes ✓ No	Corresponding Author's Name Gabriel Loor
molecular risk factors		new ISHLT 2016 guidelines and correlates with clinical and
6. Manuscript Identifying Number (ii JTD-20-3564	you know it)	-
Section 2		
	der Consideration for Public	
	cluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant fina	ncial activities outside the s	ubmitted work.
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Section 4. Intellectual P	roperty Patents & Copyrig	hts
Do you have any patents, whether	er planned, pending or issued, br	oadly relevant to the work? Yes V No

Daoud 2



Section 5.				
Section 5.	Relationships not covered above			
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	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements hals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abov below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Daoud has not	hing to disclose.			

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Chacon Alberty 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Lourdes	rst Name)	2. Surname (Last Name) Chacon Alberty	~	. Date 9-March-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name	2
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Do you have any	patents, whether plan	ned, pending or issued, b	oroadly relevant to the work? [Yes 🗸 No

Chacon Alberty 2



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Wei 1



Section 1. Identifyi	and the Comment of th	
Identify	ng Information	
1. Given Name (First Name) Qi	2. Surname (Last Name) Wei	3. Date 09-March-2021
4. Are you the corresponding a	uthor? Yes 🗸 No	Corresponding Author's Name Gabriel Loor
5. Manuscript TitleIncidence of primary graft dy molecular risk factors6. Manuscript Identifying NumbJTD-20-3564	-	ew ISHLT 2016 guidelines and correlates with clinical and
Section 2. The World		
The Work	Under Consideration for Publication	ation
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Hochman Mendez 1



Section 1. Identifying Inform		
Identifying Inform	ation	
Given Name (First Name) Camila	2. Surname (Last Name) Hochman Mendez	3. Date 09-March-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Gabriel Loor
5. Manuscript Title Incidence of primary graft dysfunction i molecular risk factors	s higher according to the I	new ISHLT 2016 guidelines and correlates with clinical and
6. Manuscript Identifying Number (if you kn JTD-20-3564	ow it)	-
Section 2. The Work Under Co	onsideration for Public	ation
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Place a check in the appropriate boxes i of compensation) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
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Intellectual Proper	ty Patents & Copyrig	hts
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Mase 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Royalties: Funds are coming in to you or your institution due to your patent

Jindra 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Peter	rst Name)	2. Surname (Last Name) Jindra		3. Date 09-March-2021
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Dr. Gabriel Loor	
5. Manuscript Title Incidence of primary graft dysfunction is higher according to the new ISHLT 2016 guidelines and correlates with clinical and molecular risk factors 6. Manuscript Identifying Number (if you know it) ID: JTD-20-3564				and correlates with clinical and
Section 2.			_	
Did you or your ins any aspect of the s statistical analysis, Are there any rel	stitution at any time rece ubmitted work (including	but not limited to grants, da		mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that we	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any			roadly relevant to the work?	Yes 🗸 No

Jindra 2



Section 5. Relationships not severed above
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Dr. Jindra has nothing to disclose.

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Cusick 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Cusick	-	3. Date 10-March-2021	
4. Are you the cor	re you the corresponding author?		Corresponding Author's Name Gabriel Loor		
5. Manuscript Title Incidence of primary graft dysfunction is higher according to the new ISHLT 2016 guidelines and correlates with clinical and molecular risk factors 6. Manuscript Identifying Number (if you know it)					
JTD-20-3564	,		_		
Section 2.	The Work Under C	onsideration for Public	en Alica		
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of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	•	ionships (regardless of amount d as many lines as you need by onths prior to publication.	
Section 4.					
Section 4.	Intellectual Proper	rty Patents & Copyric	jhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No	

Cusick 2



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Royalties: Funds are coming in to you or your institution due to your patent

Choi 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Hyewon	rst Name)	2. Surname (Last Name) Choi	_	3. Date 10-March-2021	
4. Are you the cor	4. Are you the corresponding author? Yes Vo		Corresponding Author's Name Gabriel Loor		
5. Manuscript Title Incidence of primary graft dysfunction is higher according to the new ISHLT 2016 guidelines and correlates with clinical and molecular risk factors 6. Manuscript Identifying Number (if you know it)					
JTD-20-3564		,	_		
Section 2.	The Work Under Co	onsideration for Public	cation		
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for gn, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	submitted work.		
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Section 4.					
occion 4.	Intellectual Proper	rty Patents & Copyric	yhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No	

Choi 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Bebolske 1



Section 1. Identifying Inform							
Identifying Information							
Given Name (First Name) Natalie	2. Surname (Last Name) Bebolske	3. Date 10-March-2021					
4. Are you the corresponding author?	Are you the corresponding author? Yes Vo Corresponding Author's Name						
5. Manuscript Title Incidence of primary graft dysfunction is higher according to the new ISHLT 2016 guidelines and correlates with clinical and molecular risk factors 6. Manuscript Identifying Number (if you know it)							
715 20 3301	D-20-3564						
Section 2. The Work Under C	Consideration for Public	ation					
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Bebolske 2



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Dr. Bebolske has nothing to disclose.

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Nery Sampaio 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Luiz Claudio	rst Name)	2. Surname (Last Nam Nery Sampaio	e) 3. Date 09-March-2021	
4. Are you the cor	the corresponding author? Yes Von Corresponding Author's Name Gabriel Loor			
5. Manuscript Title Incidence of primary graft dysfunction is higher according to the new ISHLT 2016 guidelines and correlates with clinical and molecular risk factors 6. Manuscript Identifying Number (if you know it)				
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Do you have any	patents, whether plani	ned, pending or issued	d, broadly relevant to the work? Yes V No	

Nery Sampaio 2



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Nery Sampaio 3



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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Taylor 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Taylor		3. Date 10-March-2021
4. Are you the cor	are you the corresponding author?		Corresponding Author's Name Gabriel Loor	
5. Manuscript Title Incidence of primary graft dysfunction is higher according to the new ISHLT 2016 guidelines and correlates with clinical and molecular risk factors 6. Manuscript Identifying Number (if you know it)				
JTD-20-3564	<u> </u>		_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, do	a third party (government, cor ata monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. U port relationships that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
Section 4.				
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No

Taylor 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Taylor has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

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Royalties: Funds are coming in to you or your institution due to your patent

Loor 1



Section 1.	Identifying Information								
1. Given Name (First Name) Gabriel		2. Surname (Last Name) Loor		3. Date 11-March-2021					
4. Are you the corresponding author?		✓ Yes No							
molecular risk fa	mary graft dysfunction		to the new ISHLT 2	2016 guide	elines and correlates with clinical and				
Section 2.	The Work Under C	onsideration for I	Publication						
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Ves No									
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.									
Name of Institut	tion/Company	Grant? Persona	Non-Financial Support?	Other?	Comments				
Fransmedics, Inc		✓			Lung Transplant Regsitry Support				
Section 2									
Section 3.	Relevant financial	activities outside	the submitted	work.					
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .									
Are there any relevant conflicts of interest?									
ii yes, piease iiii (out the appropriate init		_						
Name of Entity		Grant? Persona	Non-Financial Support?	Other?	Comments				
Abiomed		✓			Breethe ECMO Registry				
Fransmedics, Inc					related travel / housing reimbursement				
Medtronic		√			LVAD clinical trial				

Loor 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments							
Abbott	✓		LVAD clinical trial							
Continu A										
Section 4. Intellectual Propert	y Patents & Cop	yrights								
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No										
Section 5. Relationships not c	overed above									
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?										
Yes, the following relationships/conditions/circumstances are present (explain below):										
No other relationships/conditions/circumstances that present a potential conflict of interest										
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.										
Section 6. Disclosure Stateme	nt									
Based on the above disclosures, this form below.		enerate a disclosi	ure statement, which will appe	ear in the box						
Dr. Loor reports grants from Transmedic Transmedics, Inc, grants from Medtronic		•	• •	from						

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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