

ICMJE DISCLOSURE FORM

Date: 5/18/2021

Your Name: M. Hong Nguyen

Manuscript Title: Fungal Infections in Lung Transplantation

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.

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

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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> YES	The National Institutes of Health, payment made to the University of Pittsburgh
			Astellas, payment made to the University of Pittsburgh
			T2Biosystem, payment made to the University of Pittsburgh

			Scynexis, payment made to the University of Pittsburgh
			Cidara Therapeutics, payment made to the University of Pittsburgh
3	Royalties or licenses	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	Astellas (payment to self)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <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"/> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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

Dr. Nguyen received Investigator-initiated antifungal research supports from The National Institutes of Health, Astellas, T2Biosystem, Scynexis and Cidara Therapeutics.

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: 5/18/2021

Your Name: Palash Samanta

Manuscript Title: **Fungal Infections in Lung Transplantation**

Manuscript number (if known): _____

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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

Dr. Samanta has no conflicts of interest to declare.

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: 5/18/2021

Your Name: Cornelius J Clancy

Manuscript Title: Fungal Infections in Lung Transplantation

Manuscript number (if known): _____

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			Astellas, payment made to the University of Pittsburgh
			T2Biosystem, payment made to the University of Pittsburgh

			Scynexis, payment made to the University of Pittsburgh
			Cidara Therapeutics, payment made to the University of Pittsburgh
			Veterans Administration
3	Royalties or licenses	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	Cidara Therapeutics (payment to self)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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Dr. Clancy received Investigator-initiated antifungal research supports from The National Institutes of Health, Astellas, T2Biosystem, Scynexis and Cidara Therapeutics.

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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.