## ICMJE DISCLOSURE FORM

Date Feb. 22 <sup>th</sup> , 2022
Your Name:_Taehwa Kim
Manuscript Title: Prognostic impact of preoperative respiratory colonization on early onset pneumonia after lung
transplant
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 <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 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 lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
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	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone
Ple	ease summarize the above converse.	onflict of interest in the following box:

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

Date Feb. 22<sup>th</sup>, 2022 Your Name: Hye Ju Yeo

Manuscript Title: Prognostic impact of preoperative respiratory colonization on early onset pneumonia after lung

transplant

Manuscript number (if known):\_\_\_\_\_

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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	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
J	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, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		

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

Date Feb. 22 <sup>th</sup> , 2022
Your Name:_ Jin Ho Jang
Manuscript Title: Prognostic impact of preoperative respiratory colonization on early onset pneumonia after lung
transplant
Manuscript number (if known):

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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	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nana	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		

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

Your Name: Dohyung Kim
Manuscript Title: Prognostic impact of preoperative respiratory colonization on early onset pneumonia after lun
transplant
Manuscript number (if known):
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ease summarize the above connection	onflict of interest in the foll	owing box:
Ple	ease place an "X" next to the	e following statement to inc	licate your agreement:

Your Name:_Doosoo Jeon
Manuscript Title: Prognostic impact of preoperative respiratory colonization on early onset pneumonia after lung
transplant
Manuscript number (if known):
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
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13	Other financial or non- financial interests	XNone	
	ease summarize the above converse.	onflict of interest in the fol	lowing box:
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.

Your Name:_Yun Seong Kim
Manuscript Title: Prognostic impact of preoperative respiratory colonization on early onset pneumonia after lung
transplant
Manuscript number (if known):

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ase summarize the above c	onflict of interest in the foll	owing box:
Ple	Please place an "X" next to the following statement to indicate your agreement:		

Your Name: Woo Hyun Cho
Manuscript Title: Prognostic impact of preoperative respiratory colonization on early onset pneumonia after lun
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Manuscript number (if known):
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