Date:6/3/2022		
Your Name: Hailey M. Shepherd _	-	
Manuscript Title: Bleeding and Thron	nbotic Complications A	Associated with Anticoagulation Prior to Lung Transplantation:
A Case Series		
Manuscript number (if known):	JTD-22-300	

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.

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 initia	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	X None		
	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			
10	Advisory Board	X None		
10	Leadership or fiduciary role 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			
	services			
13	Other financial or non-	XNone		
	financial interests			
	ease summarize the above c	onflict of interest in the fo	ollowing box:	

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

Date:6/3/2022	
Your Name: Ramsey R. Hachem _	
Manuscript Title: Bleeding and Throm	botic Complications Associated with Anticoagulation Prior to Lung Transplantation:
A Case Series	
Manuscript number (if known):	_JTD-22-300

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.

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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Bristol Myers Squibb Mallinckrodt	Payments made to my institution Payments made to my institution
3	Royalties or licenses	UpToDate	Payments made to me
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	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	XNone	
	pending		
9	Participation on a Data	CareDx	Payments made to me
9	Safety Monitoring Board or	Natera	Payments made to me
	Safety Monitoring Board or Advisory Board	Natera Transmedics	·
9	Safety Monitoring Board or Advisory Board Leadership or fiduciary role	Natera	Payments made to me
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,	Natera Transmedics	Payments made to me
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Natera Transmedics	Payments made to me
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy	Natera Transmedics	Payments made to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Natera TransmedicsX_None	Payments made to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	Natera TransmedicsX_NoneX_None	Payments made to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	Natera TransmedicsX_None	Payments made to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	Natera TransmedicsX_NoneX_None	Payments made to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	Natera TransmedicsX_NoneX_None	Payments made to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	Natera TransmedicsX_NoneX_None	Payments made to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Natera TransmedicsX_None X_None X_None	Payments made to me

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

Grants and personal fees from Bristol Myers Squibb, Mallinckrodt, UpToDate, CareDx, Natera, and Transmedics, outside of the submitted work.

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

Da	te:6/3/2022			
Yo	ur Name: Chad A. Witt _			
Ma	anuscript Title: Bleeding and	Thrombotic Complications	s Associated with Anticoagulation Prior to Lung Transplantation	n:
	Case Series			
Ma	anuscript number (if known)):JTD-22-300		
rel pa to rel Th <u>ma</u>	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	
In	edication, even if that medic item #1 below, report all su e time frame for disclosure i	pport for the work reporte	the manuscript. d in this manuscript without time limit. For all other items,	
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		none (add rows as	,	
		needed) Time frame: Since the initial	planning of the work	
			promission and mark	
l	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		
Ţ		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
}	Royalties or licenses	XNone		

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	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	X_None	
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 fo	lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate vour agreement:

Da	te:6/3/2022			
Yo	ur Name: Rodrigo V. Gui	llamet _		
Ma	anuscript Title: Bleeding and	Thrombotic Complication	s Associated with Anticoagulation Prior to Lung Transp	lantation:
A	Case Series			
Ma	anuscript number (if known)	:JTD-22-300		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content o necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in a pport for the work reporte	defined broadly. For example, if your manuscript pertar all relationships with manufacturers of antihypertensithe manuscript. In this manuscript without time limit. For all other it	ive
		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 initia	l planning of the work	
L	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	XNone		
	in item #1 above).			
3	Royalties or licenses	XNone		
1	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	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI-		auflick of inkonack in the fal	Havring have
PIE	ease summarize the above c	ominict of interest in the fo	nowing box:
	None		
	None.		
Ple	ease place an "X" next to the	following statement to in	dicate your agreement:

Da	te:6/3/2022			
	ur Name: Derek E. Byers	_		
	· -	Thrombotic Complication	s Associated with Anticoagulation Prior to Lung Transp	olantation:
	Case Series			
Ma	anuscript number (if known)	: JTD-22-300		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do		
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript perterall relationships with manufacturers of antihypertens the manuscript. End in this manuscript without time limit. For all other in	ive
		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 initia	I planning of the work	
L	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		
1	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	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 co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to inc	dicate 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.

Da	te:6/3/2022			
Yo	ur Name: Benjamin D. K	ozower _		
Ma	anuscript Title: Bleeding and	l Thrombotic Complication	s Associated with Anticoagulation Prior to Lung Transp	lantation:
Α (Case Series			
Ma	anuscript number (if known)):JTD-22-300		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertae all relationships with manufacturers of antihypertensithe manuscript.	
	item #1 below, report all su e time frame for disclosure i	· ·	ed in this manuscript without time limit. For all other it	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
L	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	
)	Grants or contracts from	X None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		
1	Consulting fees	XNone		

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
testimony		
Support for attending meetings and/or travel	XNone	
Patents planned, issued or pending	XNone	
Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
Stock or stock options	XNone	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
Other financial or non- financial interests	XNone	
	onflict of interest in the fo	lowing box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Payment for expert X_None

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

Da	te:6/3/2022			
Yo	ur Name: Bryan F. Meye	rs _		
Ma	nuscript Title: Bleeding and	Thrombotic Complication	s Associated with Anticoagulation Prior to Lung Transplantatio	n:
A C	Case Series			
Ma	nuscript number (if known)	:JTD-22-300		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply	manuscript. "Related" med e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current	
The to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,	
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed) Time frame: Since the initia	I planning of the work	
		Time trame. Since the finda	planning of the work	
L	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		

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
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	
	ase summarize the above o	onflict of interest in the fo	lowing box:

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

Da	te:6/3/2022			
	ur Name: Tsuyoshi Takal	hashi _		
		_	s Associated with Anticoagulation Prior to Lung Transpla	antation:
	Case Series	·	.	
): JTD-22-300		
rel pa to rel Th <u>ma</u>	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv	
me In	edication, even if that medic	cation is not mentioned in to		
		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	X None		
L	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).	V. News		
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	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 co		

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

form.

Da	te:6/3/2022			
Yo	ur Name: G. Alexander P	atterson _		
Ma	anuscript Title: Bleeding and	Thrombotic Complications	s Associated with Anticoagulation Prior to Lung Transplantati	on:
A	Case Series			
Ma	anuscript number (if known)	: JTD-22-300		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" mean e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current	
ma	anuscript only.			
to me	the epidemiology of hyperte edication, even if that medic	ension, you should declare ation is not mentioned in t oport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initial	planning of the work	
ı	All support for the present	X None		
_	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	
)	Grants or contracts from	X None		
-	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	X None		

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	educational events		
6	Payment for expert testimony	X_None	
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	X_None	
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	
	rase summarize the above c	onflict of interest in the fo	lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate vour agreement:

Date:6/3/2022
Your Name:Varun Puri
Manuscript Title: Bleeding and Thrombotic Complications Associated with Anticoagulation Prior to Lung Transplantatio
A Case Series.
Manuscript number (if known):JTD-22-300

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.

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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_Project Number: I01 HX002475 Project Number: R01HL146856 Project Number: R01CA258681 Project Number:	No conflict

		MATF	
3	Royalties or licenses	XNone	
_			
4	Consulting fees	XNone	
5	Payment or honoraria for	_PrecisCa	Panel discussions
	lectures, presentations,	_	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings and, or traver		
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		Industria Consissi	Chausa auma ataali
11	Stock or stock options	Intuitive Surgical	Spouse owns stock
12	Receipt of equipment,	X_None	
	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:

Varun Puri reports the following grants and personal fees: IO1 HX002475, RO1HL146856 and RO1CA258681, PrecisCa and his spouse owns stock from Intuitive Surgical, outside of submitted work.

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.

Da	te:6/3/2022			
	ur Name: Daniel Kreisel			
Ma	anuscript Title: Bleeding and	l Thrombotic Complications	s Associated with Anticoagulation Prior to Lung Transpla	ntation:
A (Case Series			
Ma	nuscript number (if known)	: JTD-22-300		
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6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
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11	Stock or stock options	XNone	
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