## **ICMJE DISCLOSURE FORM**

Date:\_\_\_\_26/10/2022\_\_\_\_\_

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Consulting fees

\_x\_\_\_None

You	r Name:Mr Anders S I Ar	ndreasson, MD, PhD, FRCS	SEd (C-Th)
			ries in Pulmonary Transplant; Does it ever have a role?
	nuscript number (if known):		
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	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.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to t	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al 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: pas	t 36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated in item #1 above).		
2	Povalties or licenses	v None	

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	x_None						
	pending							
9	Participation on a Data	x None						
9	Safety Monitoring Board or	xNone						
	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						
12	materials, drugs, medical							
	writing, gifts or other							
	services							
13	Other financial or non-	_xNone						
	financial interests							
Plea	Please summarize the above conflict of interest in the following box:							
"	No conflicts 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.

## ICMJE DISCLOSURE FORM

Date:Nov 1, 2022
Your Name:John Dark
Manuscript Title: Revascularisation of the Bronchial Arteries in Pulmonary Transplant; Does it ever have a role?
Manuscript number (if known): JTD-22-1368

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 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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	

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	Payment of lecture fee from Sandoz			
	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			
	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.