

## ICMJE DISCLOSURE FORM

**Date:** 18-Nov-2022

**Your Name:** Angel Carracedo

**Manuscript Title:** Is SARS-COV-2 associated with alpha-1 antitrypsin deficiency?

**Manuscript Number (if known):** JTD-22-1062

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 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									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Instituto de Salud Carlos III- FIS- Covid</td> <td style="width: 50%;"></td> </tr> <tr> <td>Fundación Amancio Ortega</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	Instituto de Salud Carlos III- FIS- Covid		Fundación Amancio Ortega		Click the tab key to add additional rows.		
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Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A total of 5,000 €/year from many different institutions and entities as speaker in congresses</td> <td style="width: 50%;">Payment made or reimbursed to my institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	A total of 5,000 €/year from many different institutions and entities as speaker in congresses	Payment made or reimbursed to my institution							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Different advisory board from non-profit organizations</td> <td style="width: 50%;">Unpaid</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Different advisory board from non-profit organizations	Unpaid							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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**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:** 18-Nov-2022

**Your Name:** Pablo Daniel Lapunzina Badía

**Manuscript Title:** Is SARS-COV-2 associated with alpha-1 antitrypsin deficiency?

**Manuscript Number (if known):** JTD-22-1062

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.

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# ICMJE DISCLOSURE FORM

**Date:** 18-Nov-2022

**Your Name:** Emilio Rodriguez-Ruiz

**Manuscript Title:** Is SARS-COV-2 associated with alpha-1 antitrypsin deficiency?

**Manuscript Number (if known):** JTD-22-1062

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> None	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> None	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	



		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

**Date:** 18-Nov-2022

**Your Name:** [Raquel Cruz ]

**Manuscript Title:** [Is SARS-COV-2 associated with alpha-1 antitrypsin deficiency? ]

**Manuscript Number (if known):** JTD-22-1062

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**Date:**

18-Nov-2022

**Your Name:**

CARLOTA RODRÍGUEZ GARCÍA

**Manuscript Title:**

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**Manuscript Number (if known):**

JTD-22-1062

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>						

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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	

		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)
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:**

18-Nov-2022

**Your Name:**

Luis Valdés

**Manuscript Title:**

Is SARS-COV-2 ASSOCIATED WITH ALPHA1-ANTITRYPSIN DEFICIENCY?

**Manuscript Number (if known):**

JTD-22-1062

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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	
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## ICMJE DISCLOSURE FORM

**Date:** 18-Nov-2022

**Your Name:** [Alberto Ruano-Ravina ]

**Manuscript Title:** [s SARS-COV-2 associated with alpha-1 antitrypsin deficiency? ]

**Manuscript Number (if known):** JTD-22-1062

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## ICMJE DISCLOSURE FORM

**Date:** 18-Nov-2022

**Your Name:** [María Piñeiro Lamas ]

**Manuscript Title:** [s SARS-COV-2 associated with alpha-1 antitrypsin deficiency? ]

**Manuscript Number (if known):** JTD-22-1062

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# ICMJE DISCLOSURE FORM

**Date:** 18-Nov-2022

**Your Name:** [ ANA CASAL ]

**Manuscript Title:** [s SARS-COV-2 associated with alpha-1 antitrypsin deficiency? ]

**Manuscript Number (if known):** JTD-22-1062

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