Date:Sep. 15 th , 2022	
Your Name: Takahide Toyoda	
Manuscript Title: Recipient, donor, and surgical factors leading to primary graft dysfunction after lung transplant	:
Manuscript number (if known): JTD-22-974-CL	

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.

		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	X_None	
4	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	XNone			
	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-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None.				

Date:Sep. 15 th , 2022 Our Name: Emily Jeong Cerier Manuscript Title: Recipient, donor, and surgical factors leading to primary graft dysfunction after lung transpl	ant
Manuscript number (if known): JTD-22-974-CL	ant
n the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are	
elated 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	
o transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a elationship/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	X_None	
4	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	XNone			
	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-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None.				

Date:Sep. 15 th , 2022
Your Name: Adwaiy Jayant Manerikar
Manuscript Title: Recipient, donor, and surgical factors leading to primary graft dysfunction after lung transplant
Manuscript number (if known): JTD-22-974-CL

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	X_None	
4	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	XNone			
	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-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None.				

Date:Sep. 15 th , 2022	
Your Name: Viswajit Kandula	
Manuscript Title: Recipient, donor, and surgical factors leading to primary graft dysfunction after lung transp	lant
Manuscript number (if known): JTD-22-974-CL	

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame. Since the fintial	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	X_None	
4	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	XNone			
	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-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None.				

Date:Sep. 15 th , 2022
Your Name: Ankit Bharat
Manuscript Title: Recipient, donor, and surgical factors leading to primary graft dysfunction after lung transplant
Manuscript number (if known): JTD-22-974-CL

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame. Since the finitial	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.	National Institutes of Health, HL145478, HL147290, and HL147575	Funding support
		Time frame: past	36 months
2		1	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	X None		
7	Consulting ICES			
5	Payment or honoraria for	X None		
5	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
	Payment for expert testimony	XNone		
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			
	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,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			

Ankit Bharat is supported by National Institutes of Health, HL145478, HL147290, and HL147575.		

Date:Sep. 15 th , 2022
Your Name: Chitaru Kurihara
Manuscript Title: $_$ Recipient, donor, and surgical factors leading to primary graft dysfunction after lung transplant $_$
Manuscript number (if known): JTD-22-974-CL

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	X_None	
4	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 meetings and/or travel	XNone		
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	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		
fina	financial interests			
Diag	Please summarize the above conflict of interest in the following box:			
FIE	riease summanze the above commit of interest in the following box.			
N	None.			