ICMJE DISCLOSURE FORM

Date:			12/15/2022		
Your Name:			Michael T. Olson		
Manuscript Title:			Time since primary transplant and functional status may dichotomize outcomes after redo lung transplant		
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti		pt. "Relation of the material	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be muscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report a me for disclosure is the		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	
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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.	[⊠] N-	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month	Click the tab key to add additional rows.	
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		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)
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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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13	Other financial or non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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Da	te:	12/15/2022	12/15/2022		
Yo	ur Name:	Ariba Moin	Ariba Moin		
Ma	nuscript Title:		Time since primary transplant and functional status may dichotomize outcomes after redo lung transplant		
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cor aff inc The ep tha	ntent of your manuscripected by the content of licate a bias. If you are a author's relationships demiology of hypertenat medication is not me	ency, we ask you to disclose all relationships/activities of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity of activities/interests should be defined broadly. For easion, you should declare all relationships with manufactioned in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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1	All support for the present manuscript (e.g., funding, provision	[⊠] None			

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		ICMJE DISCLOSURE FOI	RM		
Dat	te:	12/15/2022			
Yo	ur Name:	Tejus Walia	_		
Ma	nuscript Title:	Time since primary transplant a dichotomize outcomes after red	_		
Ma	nuscript Number (if knov	vn): [Click or tap here to enter text.]			
cor affi ind The epi tha	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.				
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Your Name:		Ashwini Arjuna	Ashwini Arjuna		
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Mar	Manuscript Number (if known):[Click or tap here to enter text.]				
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