Date: 02/08/2023

Your Name: Michaela Orlitová

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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

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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,

		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)
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	_ x None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical writing, article processing		
	charges, etc.)		
	No time limit for this item.		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	_ x None	
	any entity (if not indicated		
	in item #1 above).		

3	Royalties or licenses	_ x None
4	Consulting fees	_ x None
_	D	
5	Payment or honoraria for lectures, presentations,	_ x None
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	x None
	testimony	
7	Support for attending meetings and/or travel	x_None
	U U	
8	Patents planned, issued	_ x None
	or pending	
9	Participation on a Data	y Nees
9	Safety Monitoring Board	x_ None
	or Advisory Board	
10	Leadership or fiduciary	x_None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	_ x None
10	Deside for the t	
12	12 Receipt of equipment, materials, drugs, medical	_ x None
	writing, gifts or other	
13	services Other financial or non-	x None
	financial interests	None

No conflict of interest

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

Date:____28-07-

2023____

Your Name: _____Wout Goos

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	in item #1 above).		
3	Royalties or licenses	_ x None	
4	Consulting fees	xNone	
5	Payment or honoraria for	_ x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	y Nana	
0	testimony	_ x None	
7	Support for attending	x None	
1	meetings and/or travel		
8	Patents planned, issued	_ x None	
	or pending		
9	Participation on a Data	_ x None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_ x None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	12 Receipt of equipment,	_ x None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non- financial interests	_ x None	

No conflict of interest

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

Date:___27-07-

2023____

Your Name: Jan Van Slambrouck_

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending	_xNone	
	meetings and/or travel		
8	Patents planned, issued	_ x None	
	or pending		
9	Participation on a Data	_ x None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	_xNone	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests		
	inditional intelests		

No conflict of interest

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

Date: 24-07-2023

Your Name:____Karlien

Degezelle

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	in item #1 above).	
3	Royalties or licenses	_ x None
4	Consulting fees	_ x None
5	Payment or honoraria for	_ x None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert	x None
	testimony	
7	Support for attending	x None
	meetings and/or travel	
8	Patents planned, issued	_ x None
	or pending	
9	Participation on a Data	_ x None
	Safety Monitoring Board or Advisory Board	
10		
10	Leadership or fiduciary role in other board,	_ x None
	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	

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

Date: NLY 13 2013 Your Name: VANLUYTENI (EDRIL

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: single-center analysis Manuscript number (if known): JTD-23-443

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	: 36 months
3	Royalties or licenses	_K_None	
4	Consulting fees	None	
5		None	

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6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	<u> </u>	
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	<u> </u>	
11	Stock or stock options	<u> </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_KNone	
13	Other financial or non- financial interests	None	

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.

CEDRIC VANLUYTEN

Date:____19-07-

2023____

Your Name: Christelle Vandervelde

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_ x None	

	in item #1 above).	
3	Royalties or licenses	_xNone
4	Consulting fees	_ x None
5	Payment or honoraria for	_ x None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
0	testimony	_ x None
7	Support for attending	_ x None
1	meetings and/or travel	
8	Patents planned, issued	w Nama
0	or pending	_ x None
9	Participation on a Data	_ x None
9	Safety Monitoring Board	_ x None
	or Advisory Board	
10	Leadership or fiduciary	X None
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	_ x None
12	Receipt of equipment,	_ x None
	materials, drugs, medical	
	writing, gifts or other	
13	services Other financial or non-	X Nama
13	financial interests	x None

No conflict of interest

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

Date:_02/08/2023_

Your Name:_Julie De Beule

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	
2	Grants or contracts from	FWO (The research	PhD fellowship fundamental research (1152820N)
	any entity (if not indicated	foundation Flanders)	from 1/11/2019 until 30/09/2022

	in item #1 above).	
3	Royalties or licenses	xNone
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	_ X None
7	Support for attending meetings and/or travel	_ x None
8	Patents planned, issued or pending	x None
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	x None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone
13	Other financial or non- financial interests	X None

PhD fellowship fundamental research (1152820N) from 1/11/2019 until 30/09/2022 from FWO (The research foundation Flanders)

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

Date:__19/07.2023_

Your Name:_____Xin Jin_

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	any entity (if not indicated		
	in item #1 above).		

3	Royalties or licenses	_ x None
4	Consulting fees	_ x None
5	Payment or honoraria for	x None
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	x None
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7	Support for attending	x None
	meetings and/or travel	
	Detents along a linear d	
8	Patents planned, issued or pending	_ x None
9	Participation on a Data	_ x None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary role in other board,	_ x None
	society, committee or	
	advocacy group, paid or	
11	unpaid	
11	Stock or stock options	X None
12	Receipt of equipment,	_ x None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	_ x None
	financial interests	

None

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

Date: November 13; 2023 Your Name: EVELIEN BERKMANS Manuscript Title: Complications related to extracorporeal life support in lung transplantation: single-center analysis Manuscript number (if known): JTD – 23- 443

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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	any entity (if not indicated		
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3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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.

Date:____18-07-

2023____

Your Name: Paul De Leyn

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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0	testimony	_ x None	
7	Support for attending	Mara .	
1	meetings and/or travel	_ x None	
8	Patents planned, issued	M. None	
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9	Participation on a Data	x None	
9	Safety Monitoring Board	_ x None	
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12	Receipt of equipment,	_ x None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	13 Other financial or non- financial interests	_ x None	
	inancial interests		

No conflict of interest

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Date: August 3rd 2023

Your Name: Herbert Decaluwe

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: single-center analysis Manuscript number (if known): JTD-23-443

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u> None	
3	Royalties or licenses	×None	
4	Consulting fees	×None	
5		<u>×</u> None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	× None
7	Support for attending meetings and/or travel	xx None Image: Constraint of the second secon
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	<u>×</u> None
11	Stock or stock options	<u>×</u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	× None
13	Other financial or non- financial interests	× None

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.

Herry

Date: 05-08-2023

Your Name: Hans Van Veer

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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manuscript only.

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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,

		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)
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	x None	
	present manuscript (e.g.,		
	funding, provision of study materials, medical writing, article processing		
	charges, etc.)		
	No time limit for this item.		
	item.		
		Time frame: past	36 months
2	2 Grants or contracts from any entity (if not indicated in item #1 above).	_ x None	

3	Royalties or licenses	_xNone
4	Consulting fees	_ x None
5	Payment or honoraria for	x None
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	x None
	testimony	
7	Support for attending meetings and/or travel	_ x None
8	Patents planned, issued	_ x None
	or pending	
9	Participation on a Data	_ X None
	Safety Monitoring Board or Advisory Board	
10	-	
10	Leadership or fiduciary role in other board,	_ x None
	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	

No conflict of interest

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

Date:	2 August	2023
Your Name:	DEPAPER	S LING

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: single-center analysis Manuscript number (if known): JTD-23-443

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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		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.	None				
		Time frame: pas	t 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
4	Consulting fees	None				
5		None None				

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Depapens

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

Lieve

2 Duget 2023

Date:____18-07-

2023____

Your Name: ____Geert Verleden

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	Time frame: Since the initial planning of the work				
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	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated	x None			

	in item #1 above).		
3	Royalties or licenses	x None	
4	Consulting fees	_ x None	
5	Payment or honoraria for	x_ None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
8	Patents planned, issued	_ x None	
	or pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_ x None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	_ x None	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

No conflict of interest

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

Date: 25-7-2023_

Your Name: GODINAS Laurent_

Manuscript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center experience

Manuscript number (if known): JTD-23-64

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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	Ti	me 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.	x None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_ x None	

	in item #1 above).		
3	Royalties or licenses	_ x None	
4	Consulting fees	Biotest	Consultancy fees
		Janssen	Consultancy fees
5	Payment or honoraria for	Janssen	Lectures
5	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	MSD	Travel fees
		Biotest	Travel fees
8	Patents planned, issued or pending	_ x None	
9	Participation on a Data	Janssen	Participation to advisory board
Ŭ	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_ x None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

Consultancy fees and travel fees from MSD, Janssen and Biotest

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

Your Name:__Robin Vos_______ Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis Manuscript number (if known): JTD-23-443 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

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<u>current</u>

manuscript only.

Date:___18-07-2023_

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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)
	Ti	me 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.	Research Foundation- Flanders (FWO)	Research grant paid to my Institution
		Time frame: past	36 months
2	Grants or contracts from	x None	

	any entity (if not indicated in item #1 above).	
3	Royalties or licenses	_ x None
4	Consulting fees	_ x None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None
6	Payment for expert testimony	x None
7	Support for attending meetings and/or travel	_ x None
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ x None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ x None
11	Stock or stock options	_ x None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ x None
13	Other financial or non- financial interests	_xNone

Research grant paid by the Research Foundation-Flanders (FWO) to my Institution

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

Form.

Date: (9 JUNE 2023			
Your Name:	DE TROY ERWIN		
Manuscript Title: Complications related to extracorporeal life support in lung transplantation: single-center analysi			

Manuscript number (if known): JTD-23-443

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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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None University Hospitals	Medictoral research grant by the Clinical Research and Education Council
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

	lectures, presentations, speakers bureaus, manuscript writing or		
6	Palymetiana) स्प्रकृति 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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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.

Date: 18/07/2023

Your Name: Dieter Dauwe

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	T	me frame: Since the initia	I 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.	KOOR Grant (Clinical Research and Training Council), University Hospitals Leuven, Belgium	Postdoctoral Research Grant
	1	Time frame: past	36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

NO conflict of interest

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

form.

Dieter DAUWE, MD, PhD

Date: 18-07-2023

Your Name: Catherine Ingels

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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1	All support for the	_ x None	
	present manuscript (e.g.,		
	funding, provision of study materials, medical		
	writing, article processing		
	charges, etc.) No time limit for this		
	item.		
	item.		
		Time frame: past	36 months
2	any entity (if not indicated	_ x None	
	in item #1 above).		

3	Royalties or licenses	_xNone
4	Consulting fees	_ x None
5	Payment or honoraria for	Y Nama
	lectures, presentations,	_xNone
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_ X None
	testimony	
7	Support for attending	None
1	meetings and/or travel	_ x None
8	Patents planned, issued	_xNone
	or pending	
9	Participation on a Data	_ X None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary	
	role in other board,	_ x None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	_ x None
10		
12	Receipt of equipment, materials, drugs, medical	_ x None
	writing, gifts or other	
	services	
13	Other financial or non-	xNone
	financial interests	

No conflict of interest

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

Date:____18-07-

2023____

Your Name: Philippe Meersseman

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	x None	

	in item #1 above).		
3	Royalties or licenses	x None	
4	Consulting fees	_ x None	
5	Payment or honoraria for	_ x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	. None	
0	testimony	_ x None	
7	Support for attending	x None	
1	meetings and/or travel		
8	Patents planned, issued	_ x None	
	or pending		
9	Participation on a Data	_ x None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_ x None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	12 Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	_xNone	
	financial interests		

No conflict of interest

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

Date:_____24072023_

Your Name: _____ Greet Hermans_

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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1	All support for the	_ x None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.) No time limit for this		
	item.		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	x None	
	any entity (if not indicated		
	in item #1 above).		

3	Royalties or licenses	xNone	
4	Consulting fees	x None	
5	Payment or honoraria for	_ x None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	_ x None	
	testimony		
_			
7	Support for attending meetings and/or travel	Eurosets	Support for attending meeting
8	Patents planned, issued	_ x None	
	or pending		
0			
9	Participation on a Data Safety Monitoring Board	_ x None	
	or Advisory Board		
10	Leadership or fiduciary	x None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_ x None	
	financial interests		

GH received support from Euroset for attending a meeting

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

Date: 3rd of August 2023 Your Name: Joost WAUTERS

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis Manuscript number (if known), ITD 22, 442

Manuscript number (if known): JTD-23-443

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	Ti	me 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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	Investigator-initiated grant from MSD	

	in item #1 above).	Investigator-initiated grant from Pfizer	
		Investigator-initiated grant from Gilead	
3	Royalties or licenses	_XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for lectures, presentations,	Speakers fee from Gilead, MSD and Pfizer	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	From Gilead, MSD and Pfizer	
8	Patents planned, issued	_XNone	
	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	Participation on an advisory board of Gilead	
10	Leadership or fiduciary	X_None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	Study medication MSD	
	materials, drugs, medical writing, gifts or other		
13	services Other financial or non-	X Nono	
13	financial interests	X_None	

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

Date:18 July 2023				
Your Name: Filip				
 Rega				
Manuscript Title: Complications related to extra center analysis	corporeal life support in lung transplantation: single-			
Manuscript number (if known): JTD-23-443				
In the interest of transparency, we ask you to di that are	sclose all relationships/activities/interests listed below			
related to the content of your manuscript. "Rela third	ted" means any relation with for-profit or not-for-profit			
parties whose interests may be affected by the commitment	content of the manuscript. Disclosure represents a			
to transparency and does not necessarily indica relationship/activity/interest, it is preferable that	te a bias. If you are in doubt about whether to list a t you do so.			
The following questions apply to the author's re <u>current</u> <u>manuscript only</u> .	lationships/activities/interests as they relate to the			
The author's relationships/activities/interests sł pertains	nould be <u>defined broadly</u> . For example, if your manuscript			
to the epidemiology of hypertension, you should antihypertensive medication, even if that medica	•			
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	Specifications/Comments			
whom you have this relationship or indicat none (add rows as	(e.g., if payments were made to you or to your institution)			
needed) Time frame: Since the init	tial planning of the work			

1	All support for the	_ x None		
	present manuscript (e.g.,			
	funding, provision of			
	study materials, medical			
	writing, article processing			
	charges, etc.)			
	No time limit for this			
	item.			
		Time fra	me: past	36 months
2	Grants or contracts from	x None		

	any entity (if not indicated in item #1 above).	
3	Royalties or licenses	_ x None
4	Consulting fees	_ x None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ x None
6	Payment for expert testimony	_ X None
7	Support for attending meetings and/or travel	_ x None
8	Patents planned, issued or pending	_ x None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ x None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	_ x None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None
13	Other financial or non- financial interests	X None

No conflict of interest

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

Date:_____24/07/2023_

Your Name: ____bart meyns_

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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2	Grants or contracts from any entity (if not indicated in item #1 above).	_ x None	

4 Consulting fees x	3	Royalties or licenses	_ x None
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events x_None 6 Payment for expert testimony			
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events x_None 6 Payment for expert testimony	4	Consulting fees	X None
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lectures, presentations, speakers bureaus, manuscript writing or educational events			
speakers bureaus, manuscript writing or educational events . . 6 Payment for expert testimony	5		_ x None
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testimony		manuscript writing or	
7 Support for attending meetings and/or travel x_None 8 Patents planned, issued or pending x_None 9 Patricipation on a Data Safety Monitoring Board or Advisory Board x_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid x_None 11 Stock or stock options raterials, drugs, medical writing, gifts or other services x_None 13 Other financial or non- x_None	6		x None
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8 Patents planned, issued or pending	ľ		
or pending			
or pending			
9 Participation on a Data Safety Monitoring Board or Advisory Board	8		x None
Safety Monitoring Board or Advisory Board		or pending	
Safety Monitoring Board or Advisory Board	9	Participation on a Data	Y None
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		Safety Monitoring Board	
role in other board, society, committee or advocacy group, paid or unpaid		-	
society, committee or advocacy group, paid or unpaid	10		x None
advocacy group, paid or unpaid			
11 Stock or stock options		advocacy group, paid or	
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	11		x None
materials, drugs, medical writing, gifts or other services			
materials, drugs, medical writing, gifts or other services			
writing, gifts or other services	12		x_ None
services			
		services	
	13		x _None
		inancial interests	

No conflict of interest related to this paper

 $X_{_}$ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: 18-07-2023

Your Name: Tom Verbelen___

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	funding, provision of		
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	charges, etc.)		
	No time limit for this item.		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	x None	
	any entity (if not indicated		
	in item #1 above).		

3	Royalties or licenses	_ x None
4	Consulting fees	_ x None
5	Payment or honoraria for	Y Need
5	lectures, presentations,	_ x None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	x None
	testimony	
7	Ourse out four others die s	
7	Support for attending meetings and/or travel	x None
8	Patents planned, issued	x_None
	or pending	
9	Participation on a Data	_ x None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary role in other board,	_ x None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	_ x None
12		x None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	_ x None
fin	financial interests	

The author has no conflict of interest to report in relation to the current manuscript.

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

Date:	18 th July 2023	
Your Name:	Dirk VAN RAEMDONCK	
	I'm time valeted to extragornereal life support in lung tra	ansolantation: single-center analysis

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: single-center analysis Manuscript number (if known): JTD-23-443

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
	testimony		
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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

form.

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

Leuven 18 July 2023 UNIV. ZIEKENHUIZEN K.U. LEUVEN Prof. Dr. D. VAN PAEMDONCK Dienet Thoraxheskunde Herestraat 49 R-3000 LEUVEN

Date: 05-08-2023

Your Name: Arne Neyrinck

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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1	All support for the	_ x None		
	present manuscript (e.g.,			
	funding, provision of study materials, medical			
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	charges, etc.)			
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	item.			
	Time frame: past 36 months			
2	Grants or contracts from	None	Supported by the KU Leuven (C24/18/073)	
	any entity (if not indicated			
	in item #1 above).			

3	Royalties or licenses	_ x None	
4	Consulting fees	_xNone	
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5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ x None	
	testimony		
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7	Support for attending meetings and/or travel		Xvivo
8	Patents planned, issued	x None	
	or pending		
9	Participation on a Data	_ x None	
	Safety Monitoring Board or Advisory Board		
10	-		
10	Leadership or fiduciary role in other board,	_ x None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	_ x None	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

Grant KU Leuven (C24/18/073)

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Date: 05-08-2023

Your Name: Laurens Ceulemans

Manuscript Title: Complications related to extracorporeal life support in lung transplantation: singlecenter analysis

Manuscript number (if known): JTD-23-443

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	item.			
	Time frame: past 36 months			
2	Grants or contracts from	None	supported by a KU Leuven University Chair funded	
	any entity (if not indicated		by Medtronic	
	in item #1 above).		philantropic grant funded by Gunze	

			postdoctoral grant from the University Hospitals Leuven (KOOR-UZ Leuven) and a Research foundation Flanders FWO-grant (G090922N)
3	Royalties or licenses	x None	
4	Consulting fees	x None	
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5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ x None	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
8	Patents planned, issued	_ x None	
	or pending		
9	Participation on a Data	x None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	_ x None	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	_ x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

Laurens J. Ceulemans is supported by a KU Leuven University Chair funded by Medtronic, a philantropic grant funded by Gunze, a postdoctoral grant from the University Hospitals Leuven (KOOR-UZ Leuven) and a Research foundation Flanders FWO-grant (G090922N)

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