ICMJE DISCLOSURE FORM

Date:August 19, 2021
Your Name:_Sara Marberry
Manuscript Title:_Healthy Buildings (workingtitle)
Manuscript number (if known):

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	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)
	Ti	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.	_x_None	
	no	Time frame: past	26 months
2	Grants or contracts from	x None	. 30 months –
	any entity (if not indicated in item #1 above).	NOTIC	
3	Royalties or licenses	x_None	
4	Consulting fees	_x_None	
5	Payment or honoraria for	xNone	

	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6		x None		
6	Payment for expert testimony	xNone		
	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or pending	xNone		
	or pending			
9	Participation on a Data	x None		
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	_ xNone		
	role in other board,			
	society, committee or			
	advocacy group, paid or			
11	unpaid Stock or stock options	_x_None		
• •	Crock of Grook opinons			
12	Receipt of equipment,	_ xNone		
12	materials, drugs, medical	_ XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	v Name		
13		_xNone		
	financial interests			
PΙε	ease summarize the abo	ve conflict of interest ir	n the following box:	
_				
	None.			
- וח	nana plana an "V" mand ta	the following states:	nt to indicate your sareament	
716	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:August 17, 2021
Your Name:_Robin G. Guenther
Manuscript Title:_Healthy Buildings (working title)
Manuscript number (if known):

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			Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
			none (add rows as needed)	,
		Ti	me frame: Since the initia	l 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	2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
(3	Royalties or licenses	_x_None	
4	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	_ 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	
Please summarize the above conflict of interest in the following box: None.			

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

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

ICMJE DISCLOSURE FORM

Date:November 2, 2021			
Your Name:Leonard Berry			
Manuscript Title:Healthy Buildings			
Manuscript number (if known):			

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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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 in item #1 above).	X_None	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	
5	Payment or honoraria for	_XNone	

	lectures, presentations, speakers bureaus,			
	manuscript writing or			
•	educational events	Y N		
6	Payment for expert testimony	_XNone		
	,			
7	Support for attending meetings and/or travel	_XNone		
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8	Patents planned, issued or pending	_XNone		
	- F			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary	_XNone		
	role in other board, society, committee or			
	advocacy group, paid or			
11	unpaid Stock or stock options	X None		
' '	Stock of Stock options	_A_ Notic		
12	Receipt of equipment, materials, drugs, medical	_XNone		
	writing, gifts or other			
13	Services Other financial or non-	X None		
10	financial interests	None		
Ple	ease summarize the abo	ve conflict of interest in the following box:		
	None			
	None.			
Ple	Please place an "x" next to the following statement to indicate your agreement:			
		nswered every question and have not altered the wording of any of the		
qu	questions on this form.			