

ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Alexander V. Misharin

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 02/23/2024

Your Name: Benjamin D. Singer

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript number (if known): 178859-INS-CMED-TR-2

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 current manuscript only.

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.

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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	NIH grants to Northwestern University
		NIH awards R01HL149883, R01HL153122, P01HL154998, P01AG049665, and U19AI135964	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None United States Patent No. US 10,905,706 B2, "Compositions and Methods to Accelerate Resolution of Acute Lung Inflammation,"	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None Scientific Advisory Board of Zoe Biosciences	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None Scientific Advisory Board of Zoe Biosciences	
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: 2/26/2024

Your Name: Egon A. Ozer

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Estefani Diaz

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: GR Scott Budinger

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

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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: 2/26/2024

Your Name: Hiam Abdala-Valencia

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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: 2/26/2024

Your Name: Helen K. Donnelly

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Joseph I. Bailey

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Jon W. Lomasney

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Karolina J. Senkow

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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: 2/26/2024

Your Name: Lacy M. Simons

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Lango Sichizya

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Rogan A. Grant

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Richard G. Wunderink

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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: 2/26/2024

Your Name: Robert M. Tighe

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Taylor A. Poor

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/26/2024

Your Name: Ziyan Lu

Manuscript Title: Prolonged exposure to lung-derived cytokines is associated with inflammatory activation of microglia in patients with COVID-19

Manuscript Number (if known): 178859-INS-CMED-TR-2

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH awards: SCRIPT U19AI135964</td> <td>Full list of support listed in the manuscript</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH awards: SCRIPT U19AI135964	Full list of support listed in the manuscript			Click the tab key to add additional rows.	
NIH awards: SCRIPT U19AI135964	Full list of support listed in the manuscript							
Click the tab key to add additional rows.								
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </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"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <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>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <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>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <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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11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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>							

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.