

ICMJE DISCLOSURE FORM

Date: January 13, 2022
 Your Name: Steven H. Abman, MD
 Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome
 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.

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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.	<input type="checkbox"/> Malinckrodt Pharmaceuticals 	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None 	
3	Royalties or licenses	<input type="checkbox"/> None 	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
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:

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: January 13, 2022

Your Name: Nicholas Fox

Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>None</div> <div></div> <div></div>	
3	Royalties or licenses	<div>None</div> <div></div> <div></div>	
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ICMJE DISCLOSURE FORM

Date: January 13, 2022

Your Name: Muhammad Ibrahim Malik

Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome

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ICMJE DISCLOSURE FORM

Date: January 13, 2022
 Your Name: Sneha Kelkar
 Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome
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ICMJE DISCLOSURE FORM

Date: January 13, 2022
 Your Name: Shelby L Corman
 Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome
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ICMJE DISCLOSURE FORM

Date: January 13, 2022
 Your Name: Sanika Rege
 Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome
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ICMJE DISCLOSURE FORM

Date: January 13, 2022
 Your Name: Jenna Bhaloo
 Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome
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ICMJE DISCLOSURE FORM

Date: January 13, 2022

Your Name: Rachel Shah

Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome

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ICMJE DISCLOSURE FORM

Date: January 24, 2022

Your Name: Ren-Jay Shei

Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: January 13, 2022

Your Name: Dana Saporito

Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome

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ICMJE DISCLOSURE FORM

Date: 8/12/21
 Your Name: Nisreen Shamseddine
 Manuscript Title: Real-world Use of Inhaled NO in COVID-19 Patients with Mild-Moderate ARDS
 Manuscript number (if known): _____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
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	

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.

ICMJE DISCLOSURE FORM

Date: January 13, 2022.
 Your Name: Erik M DeBoer, PhD
 Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome
 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.

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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)
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.	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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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: January 13, 2022

Your Name: George Wan

Manuscript Title: Real-World Use of Inhaled Nitric Oxide Therapy in COVID-19 Patients with Mild to Moderate Acute Respiratory Distress Syndrome

Manuscript number (if known): _____

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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	Mallinckrodt Pharmaceuticals	Employee

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.