

ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Amit Gaggar

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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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Your Name: Donald Benson

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

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Your Name: Emily B. Levitan

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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Your Name: Kinner Patel

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Date: 3/28/2024

Your Name: Matthew Might

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Michael J. Patton

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Morgan L. Locy

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Nathaniel Erdmann

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Peter Morris

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Raval Dhaval

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Sarah W. Robison

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Scott Grumley

Manuscript Title: Characteristics and Determinants of Pulmonary Long COVID

Manuscript Number (if known): 177518-INS-CMED-RV-3

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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