

ICMJE DISCLOSURE FORM

Date: Feb 16, 2021

Your Name: Rachael Clark

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> 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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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: 13th Feb 2021
 Your Name: Victor Barrera
 Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection
 Manuscript number (if known): 135166-JCI-CMED-RV-3

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 2/12/2021

Your Name: Anil Chandraker

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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Anil Chaudhker

2/17/21

ICMJE DISCLOSURE FORM

Date: February 17, 2021

Your Name: William J. Crisler

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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3	Royalties or licenses	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 14 February 2021

Your Name: Beatrice Dyring-Andersen

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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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.	___ None	BDA is supported by grants from the Novo Nordisk Foundation (NNF150C0014092), the Lundbeck Foundation, the Aage Bangs Foundation and the A.P.Moller Foundation for the Advances of Medical Sciences.
Time frame: past 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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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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: 02/15/2021

Your Name: Shannan Ho Sui

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 2/13/2021

Your Name: Rachel Lopdrup

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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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: 2/12/2021

Your Name: Naoka Murakami

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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 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: 2/16/2021

Your Name: Bohdan Pomahac, MD

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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Bohdan Pomahac, MD

ICMJE DISCLOSURE FORM

Date: 2/12/21
 Your Name: Leonardo V. Riella
 Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection
 Manuscript number (if known): 135166-JCI-CMED-RV-3

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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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: 02/18/21
 Your Name: Sotinos Tasigiorgos
 Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection
 Manuscript number (if known): 135166-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 2/14/21
 Your Name: Jessica E. Teague
 Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection
 Manuscript number (if known): 135166-JCI-CMED-RV-3

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3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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Date: February 15, 2021

Your Name: Stefan G. Tullius, MD, PhD

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

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Date: 2/14/21

Your Name: Thet Su Win

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

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Date: 02/12/2021

Your Name: Qian Zhan

Manuscript Title: Immunoregulatory and lipid presentation pathways are upregulated in human face transplant rejection

Manuscript number (if known): 135166-JCI-CMED-RV-3

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