Date:	10/22/2021
Your Name:	Katharine J Bar
Manuscript Title:	A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia
Manuscript Number (if known):	155114-JCI-CMED-RV-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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		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	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 Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None P01AI162242, UM1 AI164570, R01 MH128155, R01AI162646, U01- AI145921, P30-AI-045008, P01AI131338, R01AI134648	
3	Royalties or licenses	None	

		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)
4	Consulting fees	□ None Abbvie	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	IRB # 832135; A Phase 1 Study of INO-A002 In Healthy Dengue Virus-Naïve Adults Beth Israel Deaconess Medical Center, Protocol: IPCAVD014/HTX1004 A Safety, Immunogenicity and Efficacy Phase 1/2a Study of a Heterologous Ad26.Mos4.HIV, MVA-BN-HIV Vaccine Regimen Plus Broadly Neutralizing Antibodies PGT121, PGDM1400, and VRC07-523LS in HIV-1-Infected Adults on Suppressive ART Protocol: IPCAVD014/HTX1004 A Safety, Immunogenicity and Efficacy Phase 1/2a Study of a Heterologous Ad26.Mos4.HIV, MVA-BN-HIV Vaccine Regimen Plus Broadly Neutralizing Antibodies PGT121, PGDM1400, and VRC07-523LS in HIV-1-Infected Adults on Suppressive ART	

		relationship or indicate none (add rows as needed) mad	cifications/Comments (e.g., if payments were le to you or to your institution)
		AIDS Clinical Trials Group, A5404 PROTOCOL TITLE: SARS-CoV-2 Immune Responses after COVID-19 Therapy and Subsequent Vaccine	
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: □ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 8/26/2021 ICMJE Disclosure Form

Date:	10/22/2021	
Your Name:	Pamela Shaw	
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia	
Manuscript Number (if known):	155114-JCI-CMED-RV-2	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)		
		Time frame: Since the initial planning of	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 □	Click the tab key to add additional rows.	
		Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None I worked on a clinical trial of a Zika Vaccine that received some support from Inovio Pharmaceuticals. A grant was given to my institution (UPenn) through the Gates Foundation and that grant provided some salary support for me while working on this trial.		

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	□ None I am an inventor on a patent held by UPenn which has been licensed to Novartis. This patent is for predicting which patients treated with CTL019 for ALL may be at high risk of cytokine release syndrome.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board,	\boxtimes	None	
	society, committee or advocacy group, paid or unpaid			
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 8/26/2021 ICMJE Disclosure Form

Date:	10/22/2021	
Your Name:	Grace H Choi	
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia	
Manuscript Number (if known): 155114-JCI-CMED-RV-2		
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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment 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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Worked on clinical trial of a Zika Vaccine (NCT03831503) that received partial support from Inovio Pharmaceuticals. The Gates Foundation gave my institution (UPenn) a grant that provided some of my salary support. Worked on NIAID funded trial BEAT2 (NCT03588715) which involved industry partners Merck & Co. Inc. and Monogram Biosciences, Laboratory Corporation of America® Holdings.	

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None 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 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,	None ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing, gifts or other services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Manuscript Number (if known):	155114-JCI-CMED-RV-2
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia
Your Name:	Nicole Aqui
Date:	10/24/2021

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		Time frame: past 36 mont	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None		
3	Royalties or licenses	None		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 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 American Society for Apheresis Board Member	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	10/25/2021	
Your Name:	Andrew Fesnak	
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia	
Manuscript Number (if known):	155114-JCI-CMED-RV-2	

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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	□ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: 10/22/2021			
Your Name:	Jasper Yang		
Manuscript Title: A randomized controlled study of convalescent plasma for individuals hospitalized with 19 pneumonia			
Manuscript Number (if known):	155114-JCI-CMED-RV-2		
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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

10/23/2021

Date:

Your Name:			Haideliza Soto Calderon			
Manuscript Title:			A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia			
Mar	nuscript Number (if k	known):	155114-JCI-CME	D-RV-2		
content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitme it about whether to list a relationship/activity des/interests should be defined broadly. For each of it is should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.		
			Il entities with whom you have this ship 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		
	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.	⊠ N	one	Click the tab key to add additional rows.		
			Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one			
3	Royalties or	⊠ N	one			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	-	e following statement to indicate your agreeme	

Date:	10/23/2021				
Your Name:	Lizette Grajales	Lizette Grajales			
Manuscript Title:	A randomized controlled study of convalesc 19 pneumonia	ent plasma for individuals hospitalized with COVID-			
Manuscript Number (if	155114-JCI-CME	D-RV-2			
content of your manuscraffected by the content indicate a bias. If you are the author's relationship epidemiology of hypertothat medication is not	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity, s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactorioned in the manuscript. all support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
	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			
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None

Time frame: past 36 months

2

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contracts from any entity (if not indicated in item #1 above). **⊠** None

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	-	e following statement to indicate your agreeme	

Date:	10/25/2021
Your Name:	Julie Starr
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia
Manuscript Number (if known):	155114-JCI-CMED-RV-2
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.
	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
In item #1 below, report all suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time months.

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or **⋈** None contracts from any entity (if not indicated in item #1 above). None 3 Royalties or \boxtimes licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	-	e following statement to indicate your agreeme	

Date:			10/22/2021		
Your Name:			Michelle Andronov		
Manuscript Title:			A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia		
Mai	nuscript Number (if l	known):	155114-JCI-CME	D-RV-2	
content of your manuscript. "Rela affected by the content of the mar			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epio	-	nsion, yo	•	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36 r				ithout time limit. For all other items, the time	
		Name a	ll entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relation	ship or indicate none (add rows as needed)	made to you or to your institution)	
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4	Consulting fees	None None	
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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	-	e following statement to indicate your agreeme	

10/22/2021

Date:

Your Name:			Miranda Mastellone			
Manuscript Title:			A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia			
Manuscript Number (if known):			155114-JCI-CMED-RV-2			
con affe indi	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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	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne			
3	Royalties or licenses	⊠ No	one			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., in made to you or to your institution)	
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8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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:				

Date:		10/25/2021				
Your Name:		Chigozie Amonu				
Manuscript Title:		A randomized controlled study of convalescents 19 pneumonia	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia			
Ma	nuscript Number (if kı	155114-JCI-CME	155114-JCI-CMED-RV-2			
cor affor ind The epi tha	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.					
			Specifications/Comments (e.g., if payments were made to you or to your institution)			
			made to you or to your institution)			
1		Time frame: Since the initial planning of None	made to you or to your institution)			
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning of None	made to you or to your institution) the work			

1 8/26/2021 ICMJE Disclosure Form

any entity (if not indicated in item #1 above).

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licenses

⊠ None

3

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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:				

Date:	10/22/2021				
Your Name:	Geoffrey Feret				
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia				
Manuscript Number (if known):	155114-JCI-CMED-RV-2				
content of your manuscript. "Rela affected by the content of the ma	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 suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time months.				

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or **⋈** None contracts from any entity (if not indicated in item #1 above). None 3 Royalties or \boxtimes licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	-	e following statement to indicate your agreeme	

10/25/2021

Date:

Your Name:			Maureen DeMarshall			
Mar	nuscript Title:		A randomized controlled study of convalesc 19 pneumonia	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia		
Mar	nuscript Number (if I	known	155114-JCI-CME	D-RV-2		
confaffe indi	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.					
			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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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		None	Click the tab key to add additional rows.		
	this item.					
			Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
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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 made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	-	e following statement to indicate your agreeme	

Manuscript Title:	Dat	e:	10/25/2021				
Manuscript Number (if known): 155114-JCI-CMED-RV-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 does 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. 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)	You	r Name:	Marie Buchanan				
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 bose 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. Name all entities with whom you have this relationship or indicate none (add rows as needed) 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. Time frame: past 36 months Time frame: past 36 months Time frame: past 36 months None **None** **None** **Time frame: past 36 months* **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows* **None** **Dick the tab key to add additional rows*	Mai	nuscript Title:					
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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) Time frame: Since the initial planning of the work None None None Time frame: past 36 months Time frame: past 36 months None Time frame: past 36 months None None None None	con affe	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					
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relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work 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. Time frame: past 36 months Time frame: past 36 months 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. Time frame: past 36 months							
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present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Very None Time frame: past 36 months			Time frame: Since the initial planning of the work				
Grants or contracts from any entity (if not indicated in item #1 above).	1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for					
contracts from any entity (if not indicated in item #1 above).			Time frame: past 36 months				
7 Lillovoltioc or N/ None	2	contracts from any entity (if not indicated in item	None None None				

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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 made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	-	e following statement to indicate your agreeme	

_			
Date:	10/22/2021		
Your Name: Maria Caturla			
Manuscript Title:	A randomized controlled study of convalescent 19 pneumonia	ent plasma for individuals hospitalized with COVID-	
Manuscript Number (if k	155114-JCI-CME	D-RV-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. 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.		ot-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so. Example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were	

		e all entities with whom you have this ionship 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
	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 Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Light control of the questions on this form.				

Dat	e:	10/22/2021						
You	Your Name: James Gordon							
Manuscript Title:		A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia						
Ma	nuscript Number (if I	155114-JCI-CMED-RV-2						
con affe	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.							
epi	demiology of hyperte	tivities/interests should be defined broadly. For example, if your manuscript pertains to the n, you should declare all relationships with manufacturers of antihypertensive medication, even if oned 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 made to you or to your institution)								
		Time frame: Since the initial planning of the work						
1	All support for the present	None						

manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or **⊠** None contracts from any entity (if not indicated in item #1 above). 3 Royalties or None licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Light control of the questions on this form.				

	10.002 2.002000.1.00.00		
Date:	10/26/2021		
Your Name: Alan Wanicur			
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia		
Manuscript Number (if k	155114-JCI-CMED-RV-2		
content of your manuscr affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperte that medication is not m	arency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily re in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. ps/activities/interests should be defined broadly. For example, if your manuscript pertains to the ension, you should declare all relationships with manufacturers of antihypertensive medication, even if mentioned in the manuscript. It all support for the work reported in this manuscript without time limit. For all other items, the time he past 36 months.		
	Name all entities with whom you have this relationship or indicate none (add rows as needed) made to you or to your institution)		

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	Time frame: Since the initial planning of the work				
	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 Click the tab key to add additi	onal rows.		
		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 None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Light control of the questions on this form.				

Date:			10/22/2021			
You	ur Name:		M.Alexandra Monroy			
Manuscript Title: Manuscript Number (if known):			A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia 155114-JCI-CMED-RV-2			
	me for disclosure is th					
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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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 made to you or to your institution)	
4	Consulting fees	None None	
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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea ⊠	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.				

Date:	10/26/2021	_10/26/2021		
Your Name:	ur Name: Felicity Mampe			
Manuscript Title: A randomized controlled study of convalescent plasma for individuals hospit 19 pneumonia		cent plasma for individuals hospitalized with COVID-		
Manuscript Number (if known): 155114-JCI-CMED-RV-2				
content of your manuscrip affected by the content of indicate a bias. If you are i The author's relationships, epidemiology of hypertens that medication is not mer	I support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	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.			

Date:	10/26/2021			
Your Name:	Emily Lindemuth			
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia			
Manuscript Number (if known):	155114-JCI-CMED-RV-2			
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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	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.			

Date:	10/24/2021	
Your Name:	Sigrid Gouma	
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia	
Manuscript Number (if known):	155114-JCI-CMED-RV-2	
n the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

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.

		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		g 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 None	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	-	e following statement to indicate your agreeme	

Date:	10/25/2021		
Your Name:	Anne Mullin		
Manuscript Title:	A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia		
Manuscript Number (if k	155114-JCI-CMED-RV-2		
content of your manuscr affected by the content of	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.		
epidemiology of hyperte	os/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned 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)		
Time frame: Since the initial planning of the work			

All support for the None present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or **⊠** None contracts from any entity (if not indicated in item #1 above). Royalties or **⊠** None 3 licenses

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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: Learning that I have answered every question and have not altered the wording of any of the questions on this form				

Date:	10/25/2021		
Your Name:	Holly Barilla		
Manuscript Title:	A Randomized Controlled Study of C Hospitalized with COVID-19 Pneumo		
Manuscript Number (if known): 155114-JCI-CMED-RV-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. 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	Specifications/Comments (e.g., if payments were	

		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.	None None	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).	None	
3	Royalties or licenses	None	

		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)
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 ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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: Learning that I have answered every question and have not altered the wording of any of the questions on this form				

10/26/2021

Date:

Your Name:			Anastasiya Pronina		
Manuscript Title:			A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia		
Mar	nuscript Number (if k	(nown):	155114-JCI-CME	ED-RV-2	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ript. "Rela of the man e in doubt os/activition entioned all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time		
			I entities with whom you have this ship 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.	⊠ No	Time frame: past 36 montl	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	10/26/2021
Your Name:	Leah Irwin
Manuscript Title:	A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia
Manuscript Number (if I	155114-JCI-CMED-RV-2
content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m	arency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily e in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. ps/activities/interests should be defined broadly. For example, if your manuscript pertains to the ension, you should declare all relationships with manufacturers of antihypertensive medication, even if the manuscript. It all support for the work reported in this manuscript without time limit. For all other items, the time he past 36 months.
	Name all entities with whom you have this Specifications/Comments (e.g., if payments were

		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form			

10/25/2021

Date:

Your Name:			Raeann Thomas		
Manuscript Title:			A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia		
Ma	nuscript Number (if k	(nown):	155114-JCI-CME	D-RV-2	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			eted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each of the u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			I entities with whom you have this ship 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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form			

10/26/2021

Date:

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⊠ None

3

Your Name:			Risa Eichinger		
Manuscript Title:			A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia		
Maı	nuscript Number (if I	known):	155114-JCI-CME	D-RV-2	
con affe	tent of your manuscr cted by the content	ript. "Rel of the ma	•		
epic	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.					
Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments made to you or to your institution)					
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			•	made to you or to your institution)	
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.	relation	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relation	ship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution) of the work Click the tab key to add additional rows.	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 ■	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea		e following statement to indicate your agreeme	

10/25/2021

Date:

Royalties or

licenses

⊠ None

You	ır Name:	Faye DeMuth			
Manuscript Title:			A Randomized Controlled Study of Convalescent Plasma for Individuals Hospitalized with COVID-19 Pneumonia		
Manuscript Number (if known):		155114-JCI-CME	155114-JCI-CMED-RV-2		
con affe	ntent of your manuscrip ected by the content of	rency, we ask you to disclose all relationships/activitients. "Related" means any relation with for-profit or not fithe manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epi	demiology of hyperten	s/activities/interests should be defined broadly. For easion, you should declare all relationships with manuf entioned in the manuscript.			
	tem #1 below, report a me for disclosure is the	all support for the work reported in this manuscript we past 36 months.	ithout time limit. For all other items, the time		
		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	Time frame: Since the initial planning ☑ None	of the work		
1	present manuscript (e.g., funding, provision of study materials,		of the work Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Click the tab key to add additional rows.		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 ■	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea		e following statement to indicate your agreeme	

Date:	10/22/2021	10/22/2021			
Your Name:	Eline T. Luning Prak	Eline T. Luning Prak			
Manuscript Title:	A randomized controlled study of convaleson 19 pneumonia	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-			
Manuscript Number (if	155114-JCI-CME	D-RV-2			
content of your manusc affected by the content indicate a bias. If you a The author's relationsh epidemiology of hypert that medication is not r	arency, we ask you to disclose all relationships/activities ript. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commitmere in doubt about whether to list a relationship/activity ps/activities/interests should be defined broadly. For elension, you should declare all relationships with manufactioned in the manuscript. It all support for the work reported in this manuscript whe past 36 months.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
	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			
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None None	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). Royalties or licenses None None Roche Diagnostics Corporation grant Parallel analysis of COVID-19 serum samples for antibody binding and virus neutralization None Roche Diagnostics Corporation grant Parallel analysis of COVID-19 serum samples for antibody binding and virus neutralization

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MedScape American Association of Clinical Chemistry	Invited to chair session on COVID serology (payment <\$2,000 USD) Invited lecture on COVID serology (payment <\$1,000 USD)
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 Member, COVID virtual advisors Roche Corporation Member, Scientific Advisory Board, The Antibody Society Former chair, Adaptive Immune Receptor Repertoire Community 	Paid <\$1,500 to research lab Unpaid position Unpaid position

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea		e following statement to indicate your agreeme	

Date:	8/26/2021
Your Name:	Jose L. Pascual L MD, PhD
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia
Manuscript Number (if known):	155114-JCI-CMED-RV-2
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.
• •	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
In item #1 below, report all suppo	ort 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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Grifols International, ISR for basic science	
3	Royalties or licenses	Textbook editor, Opioids in Critical Care (springer nature)	

		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)
4	Consulting fees	□ None Pfizer Injectables Consultant	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	□ None Multiple Medical-Legal expert cases as consultant	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	□ None Antithrombin III in TBI	
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 Executive Committee Society of Critical Care medicine	

			T
		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	•	e following statement to indicate your agreeme	

Dat	te:	10/22/2021			
Υοι	ır Name:	William R Short			
Manuscript Title:		A randomized controlled study of convaleson 19 pneumonia	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia		
Ma	nuscript Number (if knowi	155114-JCI-CME	D-RV-2		
cor affe	ntent of your manuscript. " ected by the content of the	y, we ask you to disclose all relationships/activitie 'Related" means any relation with for-profit or no manuscript. Disclosure represents a commitme oubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epi		rivities/interests should be defined broadly. For early, you should declare all relationships with manufuled in the manuscript.			
	tem #1 below, report all su me for disclosure is the pas	pport for the work reported in this manuscript wit 36 months.	ithout time limit. For all other items, the time		
		ne all entities with whom you have this tionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		-	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	tionship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present	tionship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	tionship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution) 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	tionship or indicate none (add rows as needed) Time frame: Since the initial planning	of the work Click the tab key to add additional rows.		

Royalties or

licenses

⊠ None

		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)
4	Consulting fees	□ None	
		ViiV	Payments made to me
		Gilead Sciences	Payments made to me
5	Payment or honoraria for	□ None	
	lectures,	ViiV	Payments made to me
	presentations,	Janssen	Paymenst made to me
	speakers bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for expert testimony	None	
7	Support for attending	⊠ None	
	meetings and/or		
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or	None	
	fiduciary role in		
	other board,		
	society, committee or		
	advocacy group,		
	paid or unpaid		

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

10/25/2021

Date:

Your Name:			Michal A. Elovitz		
Manuscript Title:			A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia		
Manuscript Number (if known):		known):	155114-JCI-CME	D-RV-2	
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
-		ension, yo	ies/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if I in the manuscript.		
In item #1 below, report all support frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	⊠ No	one		
	of study materials, medical writing, article processing charges, etc.)			Click the tab key to add additional rows.	
	No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item	⊠ No	ne		
	#1 above).				

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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	

				-	
			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea 🖂	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.				

Date:	10/22/2021
Your Name:	Jillian Baron
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia
Manuscript Number (if known):	155114-JCI-CMED-RV-2
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned	rt for the work reported in this manuscript without time limit. For all other items, the time
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned In item #1 below, report all suppo	means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.

		Name all entities with w relationship or indicate	whom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fra	me: 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 Non	Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None ■		
3	Royalties or licenses	None		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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	

				-	
			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea 🖂	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.				

Date:	10/23/2021			
Your Name:	Nuala J Meyer			
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID-19 pneumonia			
Manuscript Number (if known):	155114-JCI-CMED-RV-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.

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.	□ None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None NIH HL137006, HL137915 Quantum Leap Healthcare Collaborative Athersys, Inc	The Marcus Foundation
3	Royalties or licenses	None	

			ons/Comments (e.g., if payments were ou or to your institution)
4	Consulting fees	None 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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None CAVIARDS trial (Careful Ventilation in ARDS)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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:					

3 8/26/2021 ICMJE Disclosure Form

TOTAL DISCLOSURE FORM				
Date:	10/26/2021			
Your Name:	Kathleen Degnan			
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia			
Manuscript Number (if known): 155114-JCI-CMED-RV-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. 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)			

		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.	None □	Click the tab key to add additional rows.	
		Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead- Remdesivir COVID-19 clinical trials at Penn		
3	Royalties or licenses	None None		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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	

				T
			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	10/22/2021
Your Name:	lan Frank
rour Name.	Tan Frank
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia
Manuscript Number (if known): 155114-JCI-CMED-RV-2	
content of your manuscript. "Relaffected by the content of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of 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 heless report all suppo	art for the work reported in this manuscript without time limit. For all other items, the time

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		
	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 Time frame: past 36 month. □ None	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).	Moderna, Janssen, Sanofi	To U Penn
3	Royalties or licenses	None None	

		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)
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 Gilead, Merck	
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 Gilead, ViiV	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None HIV Vaccine Trials Group	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\text{ I certify that have answered every question and have not altered the wording of any of the questions on this form.} \]			

Date:	10/25/2021	
Your Name:	Scott Hensley	
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia	
Manuscript Number (if known): 155114-JCI-CMED-RV-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.

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)		
	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 We thank J. Lurie, J. Embiid, J. Harris, and D. Blitzer for philanthropic support.	Click the tab key to add additional rows.	
		Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None None		

		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)
4	Consulting fees	□ None	
		SEH has received consultancy fees from Sanofi Pasteur, Lumen, Novavax, and Merck for services unrelated to this work.	
5	Payment or	None	
	honoraria for lectures,		
	presentations, speakers		
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	□ None	
	pending	Universal Influenza Vaccine and Methods of Use 63/241,281 (unrelated to this manuscript)	
9	Participation on	None	
	a Data Safety Monitoring		
	Board or Advisory Board		
10	Leadership or	⊠ None	
	fiduciary role in other board,		
9	society, committee or		

		ame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	re
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 8/26/2021 ICMJE Disclosure Form

Date:	10/24/2021	
Your Name:	Donald Siegel	
Manuscript Title:	A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia	
Manuscript Number (if known):	155114-JCI-CMED-RV-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. 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		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 None	Click the tab key to add additional rows.
		Time frame: past 36 month	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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	

				T
			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	Please place an "X" next to the following statement to indicate your agreement: \[\text{ I certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]			

Date:			10/25/2021			
Your Name:			Pablo Tebas			
Manuscript Title:			A randomized controlled study of convalescent plasma for individuals hospitalized with COVID- 19 pneumonia			
Manuscript Number (if known):		known):	155114-JCI-CMED-RV-2			
cont affe indi	tent of your manusci cted by the content cate a bias. If you ar author's relationship	s/interests listed below that are related to the t-for-profit third parties whose interests may be at to transparency and does not necessarily finterest, it is preferable that you do so. 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.						
			l entities with whom you have this ship 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 o	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	⊠ N	one			
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	this item.					
			Time frame: past 36 month	S		
2	Grants or contracts from	□ No	ne			
	any entity (if not indicated in item	Merck Gilead		Not related to this work Not related to this work		
	#1 above).	Jansen		Not related to this work		
3	Royalties or					
		Uptoda	ite			

	 - -	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)
4 Consulting fees None		□ None	
		Merck	Not related to this work
1		Viiv	Not related to this work
5	Payment or honoraria for lectures,	⊠ None	
- [presentations,		
ļ	speakers bureaus, manuscript writing or		
	educational		
	events		
6	Payment for expert testimony	⊠ None	
		AV-	
7	Support for attending	⊠ None	
	meetings and/or travel		
	travei		
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety	□ None	
	Monitoring	Duke Universtiy	
	Board or Advisory Board		
	Auvisory board		
10	Leadership or fiduciary role in	⊠ None	
	other board,		
	society,		
	committee or advocacy group,		
	paid or unpaid		

	:		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.						

