

ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Kaori Oshima

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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.

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Date: 1/21/2026

Your Name: Bailu Yan

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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Date: 1/20/2026

Your Name: Ran Tao

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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Date: 1/20/2026

Your Name: Gustavo Amorim

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Date: 1/20/2026

Your Name: Chiara Di Gravio

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Sarah A. McMurtry

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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Date: 1/20/2026

Your Name: Click or tap here to enter text.

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Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Yunbi Nam

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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Date: 1/20/2026

Your Name: Ina Nikolli

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Max Kravitz

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Daniel Stephenson

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Aaron Issaian

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Kirk C Hansen

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Angelo D'Alessandro

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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)						
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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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)
4	Consulting fees	<input type="checkbox"/> None	
		Hemanext Inc	Scientific Advisory Board
		Synth Med Biotechnologies	Scientific Advisory Board
		Macopharma Inc	Scientific Advisory Board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Big Data Working Party – ISBT	Chair
		Transfusion Medicine panel - ASH	Vice chair

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		Omix Technologies Inc	Founder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Ivor S. Douglas

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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.

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Wesley H. Self

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">National Heart, Lung, and Blood Institute (NHLBI)</td> <td style="width: 50%; padding: 2px;">NHLBI provide the primary funds for conduct of the trial that produced the data analyzed in this study.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	National Heart, Lung, and Blood Institute (NHLBI)	NHLBI provide the primary funds for conduct of the trial that produced the data analyzed in this study.			Click the tab key to add additional rows.	
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		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	<input type="checkbox"/> None	
		Regeneron	I serve as a paid consultant for Regeneron in a clinical trial program in septic shock that is not directly related to this manuscript.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Christopher John Lindsell

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIH</td> <td>Payments to institution for research services/activities</td> </tr> <tr> <td>DOD</td> <td>Payments to institution for research services/activities</td> </tr> <tr> <td>CDC</td> <td>Payments to institution for research services/activities</td> </tr> <tr> <td>Novartis</td> <td>Payments to institution for research services/activities</td> </tr> <tr> <td>AstraZeneca</td> <td>Payments to institution for research services/activities</td> </tr> <tr> <td>Cytokinetics</td> <td>Payments to institution for research services/activities</td> </tr> </table>	NIH	Payments to institution for research services/activities	DOD	Payments to institution for research services/activities	CDC	Payments to institution for research services/activities	Novartis	Payments to institution for research services/activities	AstraZeneca	Payments to institution for research services/activities	Cytokinetics	Payments to institution for research services/activities
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CDC	Payments to institution for research services/activities														
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Cytokinetics	Payments to institution for research services/activities														

		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)
		Biomeme	Payments to institution for research services/activities
		Entegriion inc	Payments to institution for research services/activities
		bioMérieux	Payments to institution for research services/activities
		Nyxoah	Payments to institution for research services/activities
		Regeneron	Payments to institution for research services/activities
		NovoNordisk	Payments to institution for research services/activities
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		INOVA/Heart Failure Collaboratory	DSMB training program, paid to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> 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)
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Patents for risk stratification in sepsis and septic shock issued to Cincinnati Children's Hospital Medical Center	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Participation in DSMBs	Unrelated to current work; paid to me
		CTSA external advisory board	Unrelated to current work; paid to me
		Scientific Advisory Board for the CODA study	Unrelated to current work; paid to me
	Persistence Bio	Unrelated to current work; paid to me	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Ex officio member of ACTS and CR Forum Boards	Volunteer
		ACTS Advocacy Committee	Volunteer
	CCTS Executive Committee	Volunteer	
11	Stock or stock options	<input type="checkbox"/> None	
		Bioscape Digital	Unrelated to current work
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Editor in Chief, Journal of Clinical and Translational Science	Paid, to me

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Carolyn Leroux

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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.

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Angelika Ringor

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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Your Name: Michael A Matthay

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-RV-2

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		Healios Pharmaceuticals	To me
		CSL Behring	To me
		Merck	To me
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Your Name: Jonathan S. Schildcrout

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Nathan I. Shapiro, MD, MPH

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">National Institute of Health, NHLBI</td> <td style="width: 50%;">Research funding</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	National Institute of Health, NHLBI	Research funding			Click the tab key to add additional rows.	
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Bluejay Diagnostics</td> <td style="width: 50%;">Research grant funding paid to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Bluejay Diagnostics	Research grant funding paid to institution				
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3	Royalties or licenses	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

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

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		Prenosis	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Eric Schmidt

Manuscript Title: Plasma chondroitin sulfate predicts the effectiveness of fluid resuscitation strategies in patients with sepsis

Manuscript Number (if known): 202480-JCI-CRPH-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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