

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kristijan

2. Surname (Last Name)  
Skok

3. Date  
06-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Sigurd F. Lax

5. Manuscript Title

Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series

6. Manuscript Identifying Number (if you know it)

M20-2566

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Skok has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ute

2. Surname (Last Name)  
Bargfrieder

3. Date  
06-May-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Pulmonary arterial thrombosis in COVID-19 with fatal outcome

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Bargfrieder has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Norbert

2. Surname (Last Name)

Kaufmann

3. Date

07-May-2020

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Dr.Sigurd Lax

5. Manuscript Title

Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series

6. Manuscript Identifying Number (if you know it)

M20-2566

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### Section 1. Identifying Information

1. Given Name (First Name)

Harald

2. Surname (Last Name)

Kessler

3. Date

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?



Yes



No

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Yes



No

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Yes



No

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1. Given Name (First Name)  
Sigurd

2. Surname (Last Name)  
Lax

3. Date  
06-May-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series

6. Manuscript Identifying Number (if you know it)  
M20-2566

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee for advisory board, talks
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee for talks
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee for advisory board
Biogen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee for advisory board

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Lax reports personal fees from Roche, personal fees from Astra Zeneca, personal fees from Novartis, personal fees from Biogen, outside the submitted work; .

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#### 4. Intellectual Property.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Trauner	3. Date 06-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sigurd Lax
5. Manuscript Title Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series		
6. Manuscript Identifying Number (if you know it) M20-2566		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BiomX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Falk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research grant, advisory board, speaker's bureau, financial support for conference participation
Genfit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Gilead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research grant, advisory board, speaker's bureau, financial support for conference participation

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intercept	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research grant, advisory board, speaker's bureau, financial support for conference participation
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Regulus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Shire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Abbvie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial support for conference participation
Cymabay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

### Section 5. Relationships not covered above

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Trauner reports personal fees from BiomX, personal fees from Boehringer Ingelheim, grants, personal fees and other from Falk, personal fees from Genfit, grants, personal fees and other from Gilead, grants, personal fees and other from Intercept, personal fees from Novartis, personal fees from Regulus, from Shire, other from Abbvie, grants from Cymabay, grants from Takeda, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Klaus

2. Surname (Last Name)  
Vander

3. Date  
07-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series"

6. Manuscript Identifying Number (if you know it)

M20-2566

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☐ Yes

☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Peter Michael

2. Surname (Last Name)

Zechner

3. Date

07-May-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dr. Sigurd Lax

5. Manuscript Title

Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Camillo	2. Surname (Last Name) Koelblinger	3. Date 07-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name <div style="background-color: #f8d7da; height: 20px; width: 100%;"></div>
5. Manuscript Title "Pulmonary arterial thrombosis in COVID-19 with fatal outcome: Results from a prospective single-center clinicopathological case series"		
6. Manuscript Identifying Number (if you know it) M20-2566		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CSL Behring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eumedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Koelblinger reports personal fees from CSL Behring, personal fees from Eumedics, outside the submitted work; .

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