

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Skok 1



Section 1. Identifying Inform	nation	
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 COVI case series	D-19 with fatal outcome: Re	esults from a prospective single-center clinicopathological
6. Manuscript Identifying Number (if you k M20-2566	now it)	
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ribed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Prope		
Intellectual Prope	rty Patents & Copyrig	hts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Skok 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Skok has not	hing to disclose.

# **Evaluation and Feedback**

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Skok 3



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Bargfrieder 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Bargfrieder		3. Date 06-May-2020
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Pulmonary arteri		D-19 with fatal outcome		
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Pub	lication	
any aspect of the s statistical analysis,	stitution <b>at any time</b> rece ubmitted work (including	ive payment or services from but not limited to grants,	om a third party (government, co data monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	e submitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. port relationships that w	Use one line for each entity; a vere <b>present during the 36 n</b>	lationships (regardless of amount add as many lines as you need by <b>nonths prior to publication</b> .
Section 4.	Intellectual Proper	rty Patents & Copy	rights	
Do you have any		,	broadly relevant to the work	? ☐ Yes ✓ No

Bargfrieder 2



Section 5. Relationships not covered above
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Dr. Bargfrieder has nothing to disclose.

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

patent

Kaufmann 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Kaufmann	3. Date 07-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr.Sigurd Lax
5. Manuscript Title Pulmonary arter case series		0-19 with fatal outcome: Re	esults from a prospective single-center clinicopathological
6. Manuscript Ider M20-2566	ntifying Number (if you kn	now it)	
Section 2			
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
	ı		
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	ı) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
	ı		
Section 4.	Intellectual Proper	ty Patents & Copyric	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Kaufmann 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Kaufmann has nothing to disclose.

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Kessler 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Harald			e (Last Name)		3. Date
4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title Pulmonary arter case series		-19 with fa	tal outcome: Results	from a prospective si	ingle-center clinicopathological
6. Manuscript Idei	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	ve cidovati	ion for Dublication		
any aspect of the s statistical analysis,	stitution <b>at any time</b> recei submitted work (including	ve payment but not limi 	or services from a third	party (government, co	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities	outside the subm	itted work.	
of compensation clicking the "Ado	n) with entities as descri	bed in the i oort relatior —	instructions. Use one	line for each entity;	lationships (regardless of amount add as many lines as you need by <b>nonths prior to publication</b> .
Section 4.	Intellectual Proper	tv Pater	nts & Convrights		
Do you have any	patents, whether plans	•		relevant to the work	? ☑ Yes 🗸 No

Kessler 2



Soction F	
Section 5.	elationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?
Yes, the followin	g relationships/conditions/circumstances are present (explain below):
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Lax 1



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Given Name (First Name) Sigurd	2. Surname (Last Name Lax	2)	3. Date 06-May-2020
4. Are you the corresponding author	? Yes No		
5. Manuscript Title Pulmonary arterial thrombosis in case series	COVID-19 with fatal outcome	e: Results from a prospe	ective single-center clinicopathological
6. Manuscript Identifying Number (if M20-2566	you know it)		
Section 2. The Work Uni	der Consideration for Pu	bli sadis u	
The work one			
			ment, commercial, private foundation, etc.) for study design, manuscript preparation,
Are there any relevant conflicts of	interest? Yes V	0	
Section 2			
Section 3. Relevant fina	ncial activities outside th	e submitted work.	
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Are there any relevant conflicts of	interest? ✓ Yes N	0	
If yes, please fill out the appropria	te information below.		
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	? Comments
Roche			Fee for advisory board, talks
Astra Zeneca			Fee for talks
Novartis			Fee for advisory board
Riogena			Fee for advisory board

Lax 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Lax reports personal fees from Roche, personal fees from Astra Zeneca, personal fees from Novartis, personal fees from Biogena, outside the submitted work; .

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Lax 3



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**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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



Section 1. Identifying Informa	ation				
1. Given Name (First Name) Michael	2. Surname (Last Name) Trauner		3. Date 06-May-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth Sigurd Lax	or's Name		
5. Manuscript Title Pulmonary arterial thrombosis in COVID- case series	19 with fatal outcome:	Results from a prospec	ctive single-center clinicopathological		
6. Manuscript Identifying Number (if you known M20-2566	ow it)				
Section 2. The Work Under Co	nsideration for Publ	ication			
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including lest statistical analysis, etc.)?  Are there any relevant conflicts of interest	but not limited to grants, o			or	
Section 3. Relevant financial a	ctivities 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?  Ves  No  If yes, please fill out the appropriate information below.					
Name of Entity	Grant? Personal No	on-Financial Other?	Comments		
BiomX			Advisory board		
Boehringer Ingelheim			Advisory board		
Falk	<b>/</b>		Research grant, advisory board, speaker's bureau, financial support for conference participation		
Genfit			Advisory board		
Gilead	<b>✓</b>		Research grant, advisory board, speaker's bureau, financial support for conference participation		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Intercept	<b>✓</b>	<b>√</b>		<b>✓</b>	Research grant, advisory board, speaker's bureau, financial support for conference participation	
Novartis		$\checkmark$			Advisory board	
Regulus		$\checkmark$			Advisory board	
Shire					Advisory board	
Abbvie				<b>✓</b>	Financial support for conference participation	
Cymabay	$\checkmark$				Research grant	
Takeda	<b>√</b>				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 c	overed	above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?						
Yes, the following relationships/conditions/circumstances are present (explain below):  No other relationships/conditions/circumstances that present a potential conflict of interest						
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#### Section 6.

#### **Disclosure Statement**

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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;

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

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Vander 1



Section 1.	Identifying Inform	nation			
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 Co	onsideration for Pub	plication		
Did you or your institution <b>at any time</b> 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 V No					
Section 3.	Relevant financial	activities outside th	e submitted work.		
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Section 4.	Intellectual Business	tu. Datauta ( Carre	i.abaa		
		ty Patents & Copy			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Vander 2



Section 5.				
Section 5.	Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abbelow.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			

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Vander 3



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Zechner 1



Section 1.	Identifying Inform	nation		
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				
6. Manuscript Identifying Number (if you know it) M20-2566				
Section 2.				
Section 2.	The Work Under Co	onsideration for Public	ation	
Did you or your institution <b>at any time</b> 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.	Polovant financial	activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Zechner 2



Section 5. Relationships not sovered above				
Relationships not covered above				
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Koelblinger 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Camillo	rst Name)	2. Surname (Last Name) Koelblinger	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.					
any aspect of the s statistical analysis, Are there any rel	titution <b>at any time</b> rece ubmitted work (including	g but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation clicking the "Add	) with entities as descr	ibed in the instructions. U port relationships that we	nether you have financial relationships (regardless of amount less one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.		
If yes, please fill o	out the appropriate info	ormation below.			
Name of Entity		Grant	on-Financial Other? Comments		
CSL Behring					
Eumedics					
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No		

Koelblinger 2



Section 5. Polationships not severed above				
Relationships not covered above				
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