

ICMJE DISCLOSURE FORM

Date: 11/1/2022

Your Name: Aneesh K Mehta, MD

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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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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: 10/21/2021

Your Name: Maria G. Frank

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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: 10/20/2022

Your Name: Ryan C. Maves, MD

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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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4	Consulting fees	<input type="checkbox"/> None	
		Trauma Insights, LLC	Honoraria to myself for service as clinical trial medical monitor
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 type="checkbox"/> None	
		Society of Critical Care Medicine	Travel support for SCCM activities as committee member
		American College of Chest Physicians	Travel support for ACCP/CHEST activities as committee member
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Trauma Insights, LLC	See above. Clinical trial in question is not related to the manuscript in question, however.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Society of Critical Care Medicine	Member, Congress Program Committee; Vice Chair, FCCS: Crisis Management Committee
		American College of Chest Physicians	Member, Scientific Program Committee; Chair, Disaster Response and Global Health Section

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ICMJE DISCLOSURE FORM

Date: 10/20/2022

Your Name: Richard T. Davey, Jr., M.D.

Manuscript Title: "Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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ICMJE DISCLOSURE FORM

Date: 10/20/2022

Your Name: Gail E Potter

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational study of remdesivir arm participants in the Adaptive COVID-19 Treatment Trial

Manuscript Number (if known): M22-2116

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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: 10/20/2022

Your Name: Tahaniyat Lalani

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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: 8/20/2021

Your Name: Noreen A. Hynes

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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ICMJE DISCLOSURE FORM

Date: 10/20/2022

Your Name: Robert L. Atmar, M.D.

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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ICMJE DISCLOSURE FORM

Date: 10/20/2022

Your Name: William R Short

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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									
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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%; 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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4	Consulting fees	<input type="checkbox"/> None	
		ViiV	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		ViiV	Payment 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	
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	

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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: 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>							
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: 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>							
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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: 10/25/2022

Your Name: Catharine Paules

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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: 10/20/2022

Your Name: Tyler Bonnett

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID-19 Treatment Trial

Manuscript Number (if known): Click or tap here to enter text.

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: 10/20/2022

Your Name: Kevin Rubenstein

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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ICMJE DISCLOSURE FORM

Date: 10/26/2022

Your Name: Susan Kline

Manuscript Title: "Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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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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: 10/20/2022

Your Name: Daniel A. Sweeney

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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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: 10/26/2022

Your Name: Christopher J. Colombo

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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: 10/20/2022

Your Name: Robert Grossberg

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): Click or tap here to enter text.

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: 10/20/2022

Your Name: Carlos A Gomez

Manuscript Title: "Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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 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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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>									
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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: 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>							
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: 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>							

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: 10/20/2022

Your Name: Constance A. Benson, MD

Manuscript Title: Temporal Improvements in COVID-19 Outcomes for Hospitalized Adults: a Post-Hoc Observational Analysis of Remdesivir Arm Participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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										
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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%; margin-top: 10px;"> <tr> <td style="width: 60%;">DNAe</td> <td>Diagnostic company that provided grants/contracts to my institution for the conduct of a clinical evaluation of a diagnostic test; I serve as the research site PI</td> </tr> <tr> <td>Gilead Pharmaceuticals</td> <td>Provided grants to my institution for the conduct of clinical trials for which I am the research site PI</td> </tr> <tr> <td>National Institute of Allergy & Infectious Diseases/Division of AIDS</td> <td>Provides grants to my institution for support of the UCSD HIV Clinical Trials Unit and HIV-related clinical trials for which I am the research site PI</td> </tr> <tr> <td>National Institute of Mental Health</td> <td>Provided grant to my institution for support of an RO1 study of adherence monitoring</td> </tr> </table>	DNAe	Diagnostic company that provided grants/contracts to my institution for the conduct of a clinical evaluation of a diagnostic test; I serve as the research site PI	Gilead Pharmaceuticals	Provided grants to my institution for the conduct of clinical trials for which I am the research site PI	National Institute of Allergy & Infectious Diseases/Division of AIDS	Provides grants to my institution for support of the UCSD HIV Clinical Trials Unit and HIV-related clinical trials for which I am the research site PI	National Institute of Mental Health	Provided grant to my institution for support of an RO1 study of adherence monitoring
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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)
			technology for which I am the research site co-PI
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		NDA Partners, LLC	I receive a consulting fee periodically as an independent consultant for NDAP projects.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
		IAS-USA	Honoraria payment for lectures/presentations
		University of Arizona School of Medicine	Honoraria for academic grand rounds lecture
		University of Minnesota School of Medicine	Honoraria for academic grand rounds lecture
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	

		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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		GlaxoSmithKline	Served on DSMB until 24 months ago, this DSMB is no longer active
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		IAS-USA	Board of Directors - uncompensated
		CROI Foundation Board	Board of Directors - uncompensated
		Christie's Place	Board of Directors - uncompensated
		Zimbabwe AIDS Treatment Assistance Board	Board of Directors - uncompensated
		Infectious Disease Society of America (IDSA)	Deputy Editor for Clinical Infectious Diseases; compensation made to me
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	

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: 10/26/2022

Your Name: Diego Lopez de Castilla MD MPH

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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 anti-hypertensive 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.

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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: 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> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							

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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: 10/21/2022

Your Name: Sarah George

Manuscript Title: Temporal improvements in COVID19 outcomes for hospitalized adults a post hoc observational analysis of remdesivir arm participants in the Adaptive COVID treatment Trial (ACTT)

Manuscript Number (if known): M22-2116

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: 10/26/2022

Your Name: Kay M. Tomashek

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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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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: 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>							

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: 11/2/2022

Your Name: Pablo Tebas

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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.

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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: 10/25/2022

Your Name: Stuart H. Cohen, M.D.

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): Click or tap here to enter text.

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: 5/26/2022

Your Name: Mamta K. Jain

Manuscript Title: Clinical and viral factors associated with baseline plasma SARS-CoV-2 nucleocapsid antigen level among patients hospitalized with COVID-19

Manuscript Number (if known): M22-0924

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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Gilead Sciences	Merck							
Regeneron								
Janssen								
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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	
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	
		Gilead Sciences Advisory Board	to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		HIV MA Board of Directors	
		Recover, Drug subcommittee member	

		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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		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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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: 11/1/2022

Your Name: Nadine Rouphael

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">ICON and EMMES</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>	ICON and EMMES								
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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: 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>							
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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: 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>							

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: 10/25/2022

Your Name: Richard A. Mularski, MD, MSHS, MCR

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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%;">NIAID</td> <td style="width: 50%;">Grant funding to institution</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>	NIAID	Grant funding to institution			Click the tab key to add additional rows.		
NIAID	Grant funding to institution								
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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIAID</td> <td style="width: 50%;">Grant funding to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIAID	Grant funding to institution					
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3	Royalties or licenses	<input checked="" 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>							

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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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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: 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>							
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: 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>							
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: 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>							

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: October 20, 2022
 Your Name: Vincent Marconi
 Manuscript Title: Low Dose Naltrexone use for the management of post-acute sequelae of SARS-Cov-2 COVID-19
 Manuscript number (if known): M22-3129

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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	
		<input type="checkbox"/> NIH/ACTG	
		<input type="checkbox"/> Emory University	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		<input type="checkbox"/> Lilly, Gilead, ViiV	Research studies
		<input type="checkbox"/> NIH, CDC, VA	Research Studies
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
4	Consulting fees	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medscape/WebMD/ViiV	Speaking
		Integritas Lilly	Writing Honorarium
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NIH	Travel
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NIH	DSMB, Study Section
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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: 10/25/2022

Your Name: Neera Ahuja, MD, FACP

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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: 10-28-2022
Your Name: Cameron R. Wolfe
Manuscript Title: "Temporal improvements in Covid19 for hospitalized adults..."
Manuscript Number (if known): M22-2116

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).	<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>						
3	Royalties or licenses	<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	
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 type="checkbox"/> None	
		<i>Atea Pharmaceuticals</i>	
		<i>Adamis Pharmaceuticals</i>	
		<i>Biogen</i>	
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	

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.

Handwritten signature
10/28/22.

ICMJE DISCLOSURE FORM

Date: 10/25/2022

Your Name: Sarah Doernberg

Manuscript Title: "Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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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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%;">NIAID</td> <td>Payments made to my institution during the conduct of this study</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>	NIAID	Payments made to my institution during the conduct of this study			Click the tab key to add additional rows.	
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Time frame: past 36 months									
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4	Consulting fees	<input type="checkbox"/> None	
		Genentech	To me
		Basilea	To me
		Shinogi	To me
		J+J	To me
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 type="checkbox"/> None	
		IDSA	Travel funding
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		WO2006116688A3	
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	

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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: 10/25/2022

Your Name: Rhonda E. Colombo, MD, MHS

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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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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: 10/25/2022

Your Name: Rekha R. Rapaka

Manuscript Title: "Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): [Click or tap here to enter text.](#)

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: 10/24/2022

Your Name: David Chien Lye

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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: 10/28/2022

Your Name: Sameh Hozayen, MD

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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									
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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: 11/2/2022

Your Name: Timothy H. Burgess, MD, MPH

Manuscript Title: "Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/1/2022

Your Name: Alpesh Amin

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): Click or tap here to enter text.

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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5	<input type="checkbox"/> None <input checked="" type="checkbox"/> BMS, Pfizer, BI, Portola, Sunovion, Mylan, Salix, Alexion, AstraZeneca, Novartis, Nabriva, Paratek, Bayer, Tetrachase, Achogen Lalolla, Ferring, Seres, Spero, Eli Lilly, Millenium, HeartRite, Aseptiscope, Sprightly – not related to this study	Consulting and/or speaking not related to this study
6	<input checked="" type="checkbox"/> None 	
7	<input checked="" type="checkbox"/> None 	
8	<input checked="" type="checkbox"/> None 	
9	<input checked="" type="checkbox"/> None 	
10	<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 type="checkbox"/> None HeartRite, AsepticScope – not related to this study 	Consulting not related to this study
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: 10/20/2022

Your Name: David A. Lindholm

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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: 10/25/2022

Your Name: Gregory A. Deye

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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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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: 8/26/2021

Your Name: Jennifer Whitaker, MD

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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: 10/21/2022

Your Name: Jose G. Castro, MD

Manuscript Title: "Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial"

Manuscript Number (if known): M22-2116

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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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: 10/28/2022

Your Name: Corri B. Levine

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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: 10/26/2022

Your Name: Seema U Nayak

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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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: 10/31/2022

Your Name: Nathan Erdmann

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial

Manuscript Number (if known): M22-2116

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.

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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: November 1, 2022.

Your Name: Anuradha Ganesan.

Manuscript Title: Temporal improvements in COVID-19 outcomes for hospitalized adults: a post-hoc observational analysis of remdesivir arm participants in the Adaptive COVID Treatment Trial M22-2116

Manuscript Number (if known):

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).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">NIHID</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">DHP</div>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">To the authors</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">To the institution</div>
3 Royalties or licenses	<input checked="" type="checkbox"/> None	
4 Consulting fees	<input checked="" type="checkbox"/> None	

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