

ICMJE DISCLOSURE FORM

Date: 07 August 2021

Your Name: Annemieke Smet (corresponding author)

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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

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		the Research Foundation Flanders (FWO) COVID-19 funds (n° G0H3220N).	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	see 1	
3	Royalties or licenses	patent (WO/2021/013479)	

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	patent (WO/2021/013479)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Tom Breugelmans

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Johan Michiels

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Kevin Lamote

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 07 August 2021

Your Name: Wout Arras

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

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Date: 14 August 2021

Your Name: Joris G. De Man

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

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Date: 14 August 2021

Your Name: Leo Heyndrickx

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

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Date: 14 August 2021

Your Name: Anne Hauner

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

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Date: 14 August 2021

Your Name: Manon Huizing

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Surbhi Malhotra-Kumar

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

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Date: 14 August 2021

Your Name: Martin Lammens

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: An Hotterbeekx

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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

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

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

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Samir Kumar-Singh

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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Time frame: past 36 months			
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3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Aline Verstraeten

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Bart Loeys

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Veronique Verhoeven

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Rita Jacobs

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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3	Royalties or licenses	___X_ None	

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Karolien Dams

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Samuel Coenen

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Kevin K. Ariën

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Philippe G. Jorens

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 14 August 2021

Your Name: Benedicte Y. De Winter

Manuscript Title: A dynamic mucin mRNA signature associates with COVID-19 disease presentation and severity

Manuscript number (if known): 151777-INS-CMED-TR-2

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	see 1	
3	Royalties or licenses	patent (WO/2021/013479)	

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	patent (WO/2021/013479)	
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	
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.