Date: 8/9/2021

Your Name: Xiaolin Jia

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are

linked to post COVID-19 syndrome Manuscript number (if known): N/A

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 notfor-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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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,	None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		

		Time frame: past	36 months
2	Grants or contracts from any	None	
	entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings und/or traver		
8	Patents planned, issued or pending	None	
	Pending		
9	Participation on a Data	None	

	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	illialiciai liitelests		

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

Date:_8/10/2021 Your Name: Shu Cao

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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services 13 Other financial or nonXNone				
13 Other financial or nonX_None				
financial interests	13		XNone	
		financial interests		

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

Date: 08/09/2021

Your Name: Alexandra S. Lee

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Desciret of annique set	V. Nava	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: Aug 10, 2021

Your Name: Monali Manohar

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.		Coordinated data generation through sample shipment to, and communication with collaborators. Composed relevant sections under methods. Critically reviewed manuscript.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	N.	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date: 8/10/2021

Your Name: Sayantani Sindher

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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	NIH	Grant
	manuscript (e.g., funding,	Regeneron	Grant
	provision of study materials,	DBV Technologies	Grant
	medical writing, article	AIMMUNE	Grant
	processing charges, etc.)	Novartis	Grant
	No time limit for this item.	CoFAR	Grant
		FARE	Grant
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	FARE	Presentation on the use of biologics in food allergy
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca DBV	Advisory committee Advisory committee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date: August 9, 2021	
Your	
Name: Neera Ahuja, MD	Manuscript
Title: Serum biomarkers predict symptom duration in long term COVID-19 across a diverse population	
Manuscript number (if known): N/A	

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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		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.)	None	
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

_		
5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending	None
	meetings and/or travel	
_	Determination and increased an	. / Nana
8	Patents planned, issued or	None
	pending	
	<u> </u>	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	<u>✓</u> None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

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

Neera Ahioja, MD 8/9/2021

Date: 08/10/2021 Name: Maja Artandi

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome Manuscript number (if known): N/A

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
2	Grants or contracts from any entity (if not indicated	Time frame: pastNone	36 months
3	in item #1 above). Royalties or licenses	None	
	- 1		
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date: 10 Aug 2021

Name: Catherine A. Blish

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
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8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board, society,	_xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:	Avanst 10, 2021	
Your Name:	Andra L. Blom kalas	Manuscript
Title: Ser	rum biomarkers predict symptom duration in long term COVID-19 across a diverse population	
Manuscr	ipt number(if known): N/A	

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

.,,		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame Since the init	Specifications/Comments (e.g., if payments were made to you or to your institution) all 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.	None	
	- Start M. Williams	Time frame: pas	t.36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	The state of the s
10	lectures, presentations,		
	speakers bureaus,		The true of the contract of th
	manuscript writing or		
	educational events		The second of th
6	Payment for expert	None	제 공연기 시간 다시아들은 경영하는 경우 그렇다.
	testimony		
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7	Support for attending	None	All the Control of th
14	meetings and/or travel		And the second s
	the second secon		
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8	Patents planned, issued or	None	
0	pending	None name and the same	A PART MAINTAIN TO THE TOTAL TO THE T
	pending		
9	Participation on a Data	None	
ie l	Safety Monitoring Board or Advisory Board		
		Transcription (New York Property)	
10	Leadership or fiduciary role	None	the street of the second of th
75	in other board, society,	The state of the s	
300	committee or advocacy	COLUMN TURNOSTRATOR	THE PERSON OF MICHIGAN PROPERTY PROPERTY OF THE PROPERTY OF TH
	group, paid or unpaid		The state of the same of the state of the st
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	17 N. 18	
	writing, gifts or other		
7.5.	services		Fig. 1. Street and the street of the street
13	Other financial or non-	None	
	financial interests		and the second of the second o

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

Date: 8/10/2021 **Your Name:** Iris Chang

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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.	Provision of study materials Sample processing	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date: 09 August 2021 **Your Name:** William Collins

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

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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)
		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.	X_None	
		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	_XNone	

5	lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	_XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		

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

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

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

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

Date: 10AUG2021 **Your Name:** Hena Din

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date: 08//09/2021 Your Name: Evan Do

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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.	Sample processing and storage /shipment Data entry on electronic system	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
,	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	Nana	
О	testimony	None	
7	Support for attending meetings and/or travel	None	
	,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
14	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	imancial interests		

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

Date: August 9, 2021

Your Name: Andrea Fernandes

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	Sample processing Sample storage & shipment Electronic data management	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	8/9/2021	
Your Name:	Linda N. Geng	Manuscript Title: Serum
biomarkers	predict symptom duration in long term COVID-19 across a diverse population	
Manuscript	number (if known): N/A	

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 author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	X None	planning of the work
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting force	V None	
4	Consulting fees	<u>X</u> _None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Company for attanding	V Name	
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	<u>X</u> None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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

Date: 08-10-21

Your Name: Yael Rosenberg Hasson

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	pranning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date: 8/10/21

Your Name: Megan Mahoney

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

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



Date:			3/15/2022			
You	ır Name:		Abigail Glascock			
Manuscript Title:			Anti-Nucleocapsid antibody levels and puln COVID-19 syndrome	Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19 syndrome		
Ma	nuscript Number (if I	known)	:			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		of the re in door os/activension, entioned	nanuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity ities/interests should be defined broadly. For eyou should declare all relationships with manufed in the manuscript.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			all entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relation	onship or indicate none (add rows as needed)	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.		None	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None Time frame: past 36 month			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for					

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			3/15/2022		
You	r Name:		Lienna Y. Chan		
Manuscript Title:			Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19 syndrome		
Mai	nuscript Number (if l	known):			
content of your manuscript. "Rela affected by the content of the man				· · · · · · · · · · · · · · · · · · ·	
epic	•	ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		The state of the s	ithout time limit. For all other items, the time	
			all entities with whom you have this nship 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.		None	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× !	None		
3	Royalties or licenses		None		

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		3/15/2022			
You	r Name:	Sharon Fong	Sharon Fong		
Manuscript Title:		Anti-Nucleocapsid antibody levels and pull COVID-19 syndrome	Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19 syndrome		
Mai	nuscript Number (if k	known):			
con affe indi The epic that	tent of your manuscr ected by the content of cate a bias. If you are author's relationship demiology of hyperter t medication is not mo	irency, we ask you to disclose all relationships/activiticipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitmed in doubt about whether to list a relationship/activities/scattivities/interests should be defined broadly. For ansion, you should declare all relationships with manuscript. all support for the work reported in this manuscript was past 36 months.	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relationship or indicate none (add rows as needed)	made to you or to your institution)		
		Time frame: Since the initial planning	g of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	Click the tab key to add additional rows.		
	No time limit for this item.				
		Time frame: past 36 mont	hs		
2		Time frame: past 36 mont ☑ None	hs		

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			3/15/2022		
You	r Name:		Maira Phelps		
Manuscript Title:			Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19 syndrome		
Maı	nuscript Number (if k	known):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ript. "Re of the m e in doul os/activit ension, you entioned	lated" means any relation with for-profit or no anuscript. Disclosure represents a commitmen bt about whether to list a relationship/activity, ties/interests should be defined broadly. For e ou should declare all relationships with manufa d in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this nship 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		None		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
2	of study materials, medical writing, article processing charges, etc.) No time limit for	× !	Time frame: past 36 month		

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		3/15	3/15/2022			
Your Name:		Olivia	Olivia Raeber			
Manuscript Title:			Nucleocapsid antibody levels and plucked by the local syndrome	oulmonary co-morbid conditions are linked to post		
Mai	nuscript Number (if I	known):				
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Related" rof the manuscripe in doubt about os/activities/intension, you shout entioned in the	means any relation with for-profit of the details of the definition of the definition of the the details of the definition of the definition of the derests should be defined broadly. If the declare all relationships with manuscript.	vities/interests listed below that are related to the or not-for-profit third parties whose interests may be tment to transparency and does not necessarily ivity/interest, it is preferable that you do so. For example, if your manuscript pertains to the anufacturers of antihypertensive medication, even if per without time limit. For all other items, the time		
			ies with whom you have this r indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial plann	ning 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.	None Non		Click the tab key to add additional rows.		
			Time frame: past 36 m	onths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None				
3	Royalties or licenses	⊠ None				

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date: 8/11/2021

Your Name: Natasha Purington

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	_xNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	xNone	
	testimony		
-			
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10		x_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x_None	
	•		
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

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

Date: August 10, 2021

Your Name: Katharina Röltgen

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Nege	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	None	
	financial interests		

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

Date: August 10, 2021 **Your Name:** Angela Rogers

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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)
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.	None None	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
	Po		
9	Participation on a Data	Clinical Trials Advisory	
•	Safety Monitoring Board or	Board Member for Merck	
	Advisory Board		
	,,		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 10Aug2021 **Your Name:** Theo Snow

Manuscript Title: Serum biomarkers predict symptom duration in long term COVID-19 across a diverse population

Manuscript number (if known): N/A

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Desciret of annique set	V. Nava	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date:03/23/2022

Your Name: Taia Wang

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
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.	Time frame: Since the initialxNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

Payment or honoraria for	xNone	
	x_None	
testimony		
Support for attending meetings and/or travel	xNone	
-		
Patents planned, issued or	xNone	
pending		
Participation on a Data	xNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	xNone	
in other board, society,		
•		
group, paid or unpaid		
Stock or stock options	x_None	
	xNone	
services		
	x_None	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonx_None

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

Date: 08/10/2021 **Your Name:** Daniel Solis

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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

Payment or honoraria for	None	
	None	
testimony		
Support for attending meetings and/or travel	None	
-		
Patents planned, issued or	None	
pending		
Participation on a Data	None	
•		
	None	
•		
Stock or stock options	None	
	None	
services		
	None	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

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

Date: 8/10/2021

Your Name: Laura Vaughan

Manuscript Title: S Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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.	lv_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	lvNone	
3	Royalties or licenses	lvNone	
4	Consulting fees	lvNone	

5	Payment or honoraria for	_lvNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	1 1	
6	Payment for expert	lvNone	
	testimony		
7	Cuppert for attending	lu None	
/	Support for attending meetings and/or travel	lv_None	
8	Patents planned, issued or	lvNone	
	pending		
9	Participation on a Data	lvNone	
	Safety Monitoring Board or		
	Advisory Board		
10	,	lvNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	lv None	
12	Receipt of equipment,	lvNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	lv_None	
	financial interests		

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

Pate:08/10/2021
our Name:_Michelle Verghese
Manuscript Title: Serum biomarkers predict symptom duration in long term COVID-19 across a diverse population
Nanuscript number (if known): N/A

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests		

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

Date: 8/9/2021

Your Name: Holden Maecker

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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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		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 initia	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.	None	
		Time frame: past	36 months
2	Grants or contracts from	NIH	to institution
	any entity (if not indicated	Bill & Melinda Gates Fdtn	to institution
	in item #1 above).	Ionis Corp.	to institution
		Amgen Corp.	to institution
3	Royalties or licenses	None	
4	Consulting fees	Magarray Corp.	to me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	UCLA, UC Davis	to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Cytek SAB	to me
11	Stock or stock options	BD Biosciences	to me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date:			3/15/2022			
Your Name:			Richard Wittman			
Manuscript Title:			Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19 syndrome			
Mai	nuscript Number (if k	known):				
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the man e in doubt os/activitie	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
-	medication is not m	-	· · · · · · · · · · · · · · · · · · ·	acturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36			· · · · · · · · · · · · · · · · · · ·	vithout time limit. For all other items, the time		
			l entities with whom you have this ship 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.	⊠ No	one	Click the tab key to add additional rows.		
			Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one			
3	Royalties or licenses	⊠ No	one			

			Comments (e.g., if payments were r to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None			
13	Other financial or non-financial interests None None					
Plea	Please place an "X" next to the following statement to indicate your agreement:					
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.					

Date: 8/10/2021

Your Name: Rajan Puri

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date: March 23, 2022 **Your Name:** Amy Kistler

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Nege	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 8/10/2021

Your Name: Samuel Yang

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19 syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with have this relationship none (add rows as ne	or indicate eded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since th	e initial plannir	ng 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.	_xNone		
	item.	Time fram	ne: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone		-
3	Royalties or licenses	xNone		
4	Consulting fees	x_None		

5	Payment or honoraria	xNone	
	for lectures,		
	presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	xNone	
	meetings and/or		
	travel		
8	Patents planned,	xNone	
	issued or pending		
9	Participation on a	x_None	
	Data Safety Monitoring		
	Board or Advisory		
	Board		
10	Leadership or	xNone	
	fiduciary role in other		
	board, society, committee or		
	advocacy group, paid		
	or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	xNone	
	materials, drugs,		
	medical writing, gifts or other services		
13	Other financial or non-	x_None	
	financial interests		

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

Date: August 10, 2021 **Your Name:** Scott D. Boyd

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	Meso Scale Discovery	Provision of serology testing kits and instrumentation.
	provision of study materials,	NIH	Grants to SDB
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees		

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	Regeneron	Consulting fees unrelated to the current study (only mentioned because they are producing monoclonal antibody therapies for Covid-19)
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	AbCellera Biologics	Stock ownership (only mentioned because they are producing monoclonal antibody therapies for Covid-19)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date:	09 AUG 2021	
Your		
Name:	Benjamin Pinsky, MD, PhD	Manuscript
Title: Ser	rum biomarkers predict symptom duration in long term COVID-19 across a diverse population	
Manuscr	ript number (if known): N/A	

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		1	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,	MesoScale Diagnostics	Provision of Reagents
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	X None	
-	meetings and/or travel		
	and the second s		
_			
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

Kuyamuy Linsky 08 Aug 2021

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

Date: 8/10/21

Your Name: R. Sharon Chinthrajah

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

Manuscript number (if known): N/A

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	NIAID	Grant
	manuscript (e.g., funding,	CoFAR	Grant
	provision of study materials,	Aimmune	Grant
	medical writing, article	DBV Technologies	Grant
	processing charges, etc.) No time limit for this item.	Astellas	Grant
		Regeneron	Grant
		FARE	Grant
			Grant
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Stanford Maternal and Child Health Research Institute (MCHRI)	Grant
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	x None	
,	lectures, presentations,	XIVOITE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony	XNONE	
	,		
7	Support for attending	xNone	
•	meetings and/or travel		
	g,		
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	Alladapt Therapeutics	Scientific Advisory Board Member
	Safety Monitoring Board or	Novartis	Advisory Board Member
	Advisory Board	Genentech	Advisory Board Member
		Sanofi	Advisory Board Member
		Allergenis	Advisory Board Member
		Nutricia	Advisory Board Member
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

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

Date: 8/10/21

Your Name: Kari C. Nadeau

Manuscript Title: Anti-Nucleocapsid antibody levels and pulmonary co-morbid conditions are linked to post COVID-19

syndrome

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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials,	National Institute of Allergy and Infectious Diseases (NIAID)	Grant
	medical writing, article processing charges, etc.) No time limit for this item.	National Heart, Lung, and Blood Institute (NHLBI) National Institute of	Grant Grant
		Environmental Health Sciences (NIEHS)	
		Food Allergy Research & Education (FARE)	Grant
		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	xNone	
4	Consulting fees	x None	
	consulting rees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	Mixed allergen composition and methods for using the same Granulocyte-based methods for detecting and monitoring immune system disorders	Issued
		Methods and Assays for Detecting and Quantifying Pure Subpopulations of White Blood Cells in Immune System Disorders	Issued
9	Participation on a Data Safety Monitoring Board or Advisory Board	World Allergy Organization (WAO) Cour Pharma	Director Advisor
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Immune Tolerance Network (ITN) National Institutes of Health (NIH) clinical research centers	National Scientific Committee member National Scientific Committee member
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	Before Brands Alladapt Latitude	Co-founder Co-founder

	IgGenix	Co-founder
	Excellergy	Consultant
	Red Tree Ventures	Consultant
	Phylaxis	Consultant

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

STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract
		(Page 5)
		(b) Provide in the abstract an informative and balanced summary of what was done
		and what was found (Page 5)
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported (<i>Page 7</i>)
Objectives	3	State specific objectives, including any prespecified hypotheses (Page 7)
Methods		
Study design	4	Present key elements of study design early in the paper (Pages 8)
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment,
		exposure, follow-up, and data collection (Pages 25)
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of
		participants. Describe methods of follow-up (Pages 25)
		(b) For matched studies, give matching criteria and number of exposed and
		unexposed. (N/A)
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect
		modifiers. Give diagnostic criteria, if applicable (Pages 25-26)
Data sources/	8*	For each variable of interest, give sources of data and details of methods of
measurement		assessment (measurement). Describe comparability of assessment methods if there is
		more than one group (Pages 25-26)
Bias	9	Describe any efforts to address potential sources of bias (Page 22-23)
Study size	10	Explain how the study size was arrived at. (Page 8, figure 1)
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable,
		describe which groupings were chosen and why (N/A)
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding
		(Pages 26-27, supplementary statistical methods)
		(b) Describe any methods used to examine subgroups and interactions. (N/A)
		(c) Explain how missing data were addressed (Page 27)
		(d) If applicable, explain how loss to follow-up was addressed (Page 23)
		(\underline{e}) Describe any sensitivity analyses (N/A)
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially
•		eligible, examined for eligibility, confirmed eligible, included in the study,
		completing follow-up, and analysed (Figure 1)
		(b) Give reasons for non-participation at each stage (Figure 1)
		(c) Consider use of a flow diagram (Figure 1)
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and
•		information on exposures and potential confounders (<i>Tables 1 and 2</i>)
		(b) Indicate number of participants with missing data for each variable of interest
		(NA)
		(c) Summarise follow-up time (eg, average and total amount) (<i>Page 8-9, table 1</i>)
Outcome data	15*	Report numbers of outcome events or summary measures over time (<i>Page 27-28</i> ,
		Supplementary Table 1)
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and

		their precision (eg, 95% confidence interval). Make clear which confounders were
		adjusted for and why they were included (Page 10-13)
		(b) Report category boundaries when continuous variables were categorized (Page
		12-13)
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a
		meaningful time period N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and
		sensitivity analyses N/A
Discussion		
Key results	18	Summarise key results with reference to study objectives (Pages 23-24)
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or
		imprecision. Discuss both direction and magnitude of any potential bias (Page 23)
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations,
		multiplicity of analyses, results from similar studies, and other relevant evidence
		(Pages 18-23)
Generalisability	21	Discuss the generalisability (external validity) of the study results (Page 22-23)
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if
		applicable, for the original study on which the present article is based (Page 6)

^{*}Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.