

## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Vladimir Badovinac

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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)						
<b>Time frame: Since the initial planning of the work</b>								
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Evan L. Barrios, MD

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study (our reference 175785-INS-CMED-1)

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**Date:** 11/3/2023

**Your Name:** Christian Bergmann

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced interferon-γ ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		University of Florida	Travel Expenses Research Meeting
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Counselor to the President, European Shock Society	

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**Date:** 11/1/2021

**Your Name:** Letitia E Bible

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon gamma ELISpot: A multicenter, prospective observational study

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



## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Scott Brakenridge

**Manuscript Title:** Adverse Long-term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced interferon-g ELISpot: A multicenter, prospective observational study.

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Charles C Caldwell

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-g ELISpot: A Multicenter, Prospective Clinical Study

**Manuscript Number (if known):** **175785-INS-CMED-1**

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Ruth Davis

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Marvin Dirain

**Manuscript Title:** *Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-γ ELISpot: A Multicenter, Prospective Observational Study*

**Manuscript Number (if known):** 175785-INS-CMED-1

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Anne Drewry

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study (our reference 175785-INS-CMED-1)

**Manuscript Number (if known):** 175785-INS-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Data and Safety Monitoring Board Member, PCSK9 and Lipid Metabolism and Sepsis, Emory University	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Vice Chair, SOCCA Service Chiefs Advisory Council	

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

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Philip Efron

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-gamma ELISPOT: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Michael Goodman

**Manuscript Title:** Adverse long-term outcomes and an immune suppressed endotype in sepsis patients with reduced interferon-γ ELISpot: A multicenter observational prospective study

**Manuscript Number (if known):** 175785-INS-CMED-1

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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	Click the tab key to add additional rows.							
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">NIH</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;">Department of Defense</td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	NIH		Department of Defense			
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Johnson & Johnson	Consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		TRAIT study	
		MATRICES study	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Robert Gould, MD

**Manuscript Title:** Adverse long-term outcomes and an immune suppressed endotype in sepsis patients with reduced interferon-g ELISpot: A multicenter, prospective observational study

**Manuscript Number (if known):** 175785-INS-CMED-1

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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small; color: gray;">Click the tab key to add additional rows.</div>
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Thomas S. Griffith

**Manuscript Title:** Adverse long-term outcomes and an immune suppressed endotype in sepsis patients with reduced interferon-g ELISpot: A multicenter, prospective observational study

**Manuscript Number (if known):** 175785-INS-CMED-1

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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIH R35 GM1-40881</td> <td></td> </tr> <tr> <td>Dept. of Veterans Affairs IK6BX006192</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH R35 GM1-40881		Dept. of Veterans Affairs IK6BX006192		Click the tab key to add additional rows.	
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## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Lucas Hale

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Mohammad Heidarian

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Richard Hotchkiss

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study (our reference 175785-INS-CMED-1)

**Manuscript Number (if known):** 175785-INS-CMED-1

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIGMS 2R35GM126928-06</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIGMS 2R35GM126928-06					
NIGMS 2R35GM126928-06								
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;"> </td> <td style="width: 40%;"> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Washington University patent on ELISpot assay	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Shock Society	

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Caleb Y. Kim, BS

**Manuscript Title:** Adverse long-term outcomes and an immune suppressed endotype in sepsis patients with reduced interferon-g ELISpot: A multicenter, prospective observational study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

**Date:** 11/3/2023

**Your Name:** Tamara A. Kucaba

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-g ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

**Date:** 11/3/2023

**Your Name:** Jennifer Lanz

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype In Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Muxuan Liang

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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**Please place an "X" next to the following statement to indicate your agreement:**

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



## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Tyler J. Loftus

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-Gamma ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 8/31/2021

**Your Name:** Monty Mazer

**Manuscript Title:** Adverse long-term outcomes and an immune suppressed endotype in sepsis patients with reduced interferon-gamma ELISPOT: A multicenter, prospective observational study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Patent pending for use of whole blood ELISPOT assay as functional immune assay in sepsis	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Ashley McCray

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study (our reference 175785-INS-CMED-1)

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Patrick W. McGonagill, MD

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Sydney Miles

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

Please place an "X" next to the following statement to indicate your agreement:

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

## BICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Lyle L. Moldawer

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study (our reference 175785-INS-CMED-1)

**Manuscript Number (if known):** 175785-INS-CMED-1

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		ELISPOT Pending 17/479,326, filed 9/20/2021	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		NIH/CSR Attendance on Special Emphasis Panels	< \$1000 paid to individual

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 11/1/2021

**Your Name:** Candace Nelson

**Manuscript Title:** Adverse Long-Term Outcomes and Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Valerie Polcz, MD

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: A Multicenter, Prospective Observational Study (our reference 175785-INS-CMED-1)

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Mahil Rao

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-g ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** IVANNA ROCHA

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISPOT: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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**Date:** 11/1/2023

**Your Name:** Elvia Silva

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Isaiah R. Turnbull, MD, PhD

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Intereron-gamma ELISpot: A Multicenter Prospective Observational Trial

**Manuscript Number (if known):** 175785-INS-CMED-1

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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		1. Patent Pending: METHODS AND ASSAYS FOR IMMUNE PHENOTYPING	Inventor. Rights held by Immune Functional Diagnostics.
		2. Patent Pending: ELISPOT ASSAY TO PHENOTYPE PATIENTS	Co-Inventor. Rights held by Washington University School of Medicine.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	

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<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 11/3/2023

**Your Name:** Ricardo Ungaro

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-  $\gamma$  ELISpot: A Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Andrew H. Walton

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon-g ELISpot: A Multicenter Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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**Date:** 11/3/2023

**Your Name:** Julie Xu, BS

**Manuscript Title:** Adverse long-term outcomes and an immune suppressed endotype in sepsis patients with reduced interferon-g ELISpot: A multicenter, prospective observational study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

## ICMJE DISCLOSURE FORM

**Date:** 11/1/2023

**Your Name:** Leilani Zeumer-Spataro

**Manuscript Title:** Adverse Long-Term Outcomes and an Immune Suppressed Endotype in Sepsis Patients with Reduced Interferon- $\gamma$  ELISpot: Multicenter, Prospective Observational Study

**Manuscript Number (if known):** 175785-INS-CMED-1

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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