

ICMJE DISCLOSURE FORM

Date: 2/20/2024

Your Name: Matthew Abinante, D.O., M.P.H.

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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.

Signature: Matthew Abinante

ICMJE DISCLOSURE FORM

Date: 2/19/2024

Your Name: Shweta Anjan

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Lawrence J Appel

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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2 Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; height: 150px;"> <tr> <td style="width: 60%;"> Grants to Johns Hopkins University from 1) Khalifa Stroke Foundation to conduct a trial of dietary patterns and sodium reduction in persons with type 2 diabetes, 2) Bloomberg Philanthropies to provide scientific and technical support for global initiatives to reduce sodium intake and control hypertension, 3) NIDDK to conduct a cohort study of persons with chronic kidney disease, 4) Maryland Cigarette Restitution Fund to conduct weight loss interventions in cancer survivors, 5) American Heart Association to conduct the TRIM trial. </td> <td style="width: 40%;"> </td> </tr> <tr><td> </td><td> </td></tr> </table>	Grants to Johns Hopkins University from 1) Khalifa Stroke Foundation to conduct a trial of dietary patterns and sodium reduction in persons with type 2 diabetes, 2) Bloomberg Philanthropies to provide scientific and technical support for global initiatives to reduce sodium intake and control hypertension, 3) NIDDK to conduct a cohort study of persons with chronic kidney disease, 4) Maryland Cigarette Restitution Fund to conduct weight loss interventions in cancer survivors, 5) American Heart Association to conduct the TRIM trial.							
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Payments from Wolters Kluwer for chapters in UpToDate on the relation of blood pressure with weight, exercise, smoking, and sodium intake.	
		Honorarium from Cardiometabolic Health Congress Symposium.	
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	
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	Monitoring Board or Advisory Board	Service on DSMBs for the ANDES (NIH trial at Johns Hopkins), BPROAD (multicenter trial in China, Shanghai Jiao Tong University School of Medicine), GMRx2 (multicenter trials led by the George Institute), MoTrPac (NIH multicenter trial) and TOUCHED (NIH trial at I. III). Service on Advisory Boards of ALOHA (NIH trial at U. III) and COBRE grant to Tulane University.	
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: 2/16/2024

Your Name: Netzahualcóyotl Arroyo-Currás (Netz Arroyo)

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Owen Baker

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/17/2024

Your Name: Sheriza Baksh

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/20/2024

Your Name: Caelan Barranta

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Michael Betenbaugh

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: Janis E Blair, MD

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/15/2024

Your Name: Evan M. Bloch, MBChB, MS

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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3	Royalties or licenses	<input type="checkbox"/> None	
		UpToDate	Dr. Bloch receives royalties for an article on convalescent plasma.
4	Consulting fees	<input type="checkbox"/> None	
		California Institute for Regenerative Medicine	advisor convalescent plasma program
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		I served as an invited member for a Data Safety Monitoring Board for the following trial: "Assessment of safety and efficacy of COVID-19 Convalescent Plasma for treatment of COVID-19 in adults in Uganda; A Phase III randomized controlled trial	No payment

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		FDA	Dr. Bloch is a member of the FDA Blood Products Advisory Committee. Any views or opinions that are expressed in this manuscript are that of the author's, based on his own scientific expertise and professional judgement; they do not necessarily represent the views of either the Blood Products Advisory Committee or the formal position of FDA, and also do not bind or otherwise obligate or commit either Advisory Committee or the Agency to the views expressed.
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

Dr. Bloch reports no apparent conflicts of interest.

ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Patrick Broderick MD

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Edward R. Cachay

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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		Theratechnologies one time advisory board (2022) in Fatty liver disease	
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Date: 2/20/2024

Your Name: Christopher Caputo

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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

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

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

ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Arturo Casadevall

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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6	Payment for expert testimony	<input type="checkbox"/> None	
		Alexion	Expert witness on patent dispute
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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		Sab Therapeutics	Scientific advisory Board
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	
		American Society for Microbiology	Editor in Chief - mBio

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		Sab Therapeutics	Stock options for serving on scientific advisory board
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2/19/2024

Your Name: Patrizio Caturegli

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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Date: 2/16/2024

Your Name: Valerie Cluzet

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: MarieElena Cordisco

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Daniel Crusier MD

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Judith S. Currier

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/19/2024

Your Name: Yolanda Eby

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/15/2024

Your Name: Stephan Ehrhardt

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Reinaldo E. Fernandez

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Daniel E Ford

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Donald Forthal

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/15/2024

Your Name: Yuriko Fukuta

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Amy Gawad

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Kelly Gebo

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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Date: 2/17/2024

Your Name: Jonathan M. Gerber

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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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: 2/17/2024

Your Name: Thomas J Gniadek

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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		Consultant (2021-2022), Fenwal, a Fresenius Kabi company	
		Employed Medical Director (2022-2023), Fenwal, a Fresenius Kabi company	
		Employed Medical Director (2023-2024), Werfen	

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Date: 2/17/2024

Your Name: Benjamin Greenblatt, MD

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

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Date: 2/17/2024

Your Name: Jean Hammel

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

 2/20/2024

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: 2/17/2024

Your Name: Laura Hammitt

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: Daniel Hanley

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/20/2024

Your Name: Sonya Heath

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Moises A. Huaman

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/17/2024

Your Name: Douglas A. Jabs, MD, MBA

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2/19/2024

Your Name: Anne E Jedlicka

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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Date: 2/15/2024

Your Name: Nicky Karlen

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Seble Kassaye

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Vindico CME	
		Integritas Communications	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Sabra L. Klein

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Maria Deloria Knoll

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Oliver Laeyendecker

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: Karen Lane

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
		NIA, OutreachPro (2024)	
		NINDS advisory committee (2023)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Bryan Lau

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/19/2024

Your Name: John S. Lee

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Adam C. Levine

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/17/2024

Your Name: Maggie Li

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: Christi Marshall

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: Nichol McBee

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Barry Meisenberg

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Giselle Mosnaim

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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		<p>NCT04677959 CONNected Electronic Inhalers Asthma Control Trial 2 (“CONNECT 2”), a 24-Week Treatment, Multicenter, Open-Label, Randomized, Parallel Group Comparison, Feasibility Study of Standard of Care Treatment Versus the eMDPI Digital System, to Optimize Outcomes in patients at Least 13 Years of Age or Older with Asthma;</p> <p>NCT06052267 A Randomized, Double-Blind, Multicenter, Active-Controlled, Parallel-Group Study to Evaluate the Efficacy and Safety of Fluticasone Propionate/Albuterol Sulfate Fixed-Dose Combination on Severe Asthma Exacerbations in Patients with Asthma</p>
	Novartis Pharmaceuticals	<p>NCT05032157 A multicenter, randomized, double-blind, placebo-controlled Phase 3 study of remibrutinib (LOU64) to investigate the efficacy, safety and tolerability for 52 weeks in adult chronic spontaneous urticaria patients inadequately controlled by H1-anthistamines;</p> <p>NCT05513001 A Multicenter, Double-blind, Placebo-controlled, Randomized Withdrawal and Open-label Extension Study Followed by Long-term Open-label Treatment Cycles to Assess the Efficacy, Safety and Tolerability of Remibrutinib (LOU064) in Adult Chronic Spontaneous Urticaria Patients Who Completed the Preceding Remibrutinib Phase 3 Studies;</p> <p>NCT05795153 A multicenter, open-label Phase 3 study: ambulatory blood pressure monitoring in adult patients with chronic spontaneous urticaria inadequately controlled by H1-antihistamines treated with remibrutinib up to 12 weeks;</p> <p>NCT05677451 A double-blind, randomized, placebo-controlled trial to evaluate the efficacy, pharmacokinetics and safety of remibrutinib (LOU064) for 24 weeks in adolescents from 12 to less than 18 years of age with chronic spontaneous urticaria inadequately controlled by H1-antihistamines followed by an optional open-label extension for up to another 3 years and an optional safety long-term treatment-free follow-up period for up to an additional 3 years</p>
	GlaxoSmithKline Research & Development Limited	<p>NCT04718103 Placebo-controlled efficacy and safety study of GSK3511294 (depemokimab) in participants with severe asthma with an eosinophilic phenotype (SWIFT2);</p> <p>NCT04718389 Non-inferiority study of GSK3511294 compared with mepolizumab or benralizumab in participants with severe</p>

		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)
			asthma with an eosinophilic phenotype (NIMBLE)
		Sanofi-Regeneron	NCT04287621 Registry of Asthma Patients Initiating DUPIXENT (RAPID); NCT05097287 A randomized, double-blind, placebo controlled study assessing the long-term effect of dupilumab on prevention of lung function decline in patients with uncontrolled moderate to severe asthma
		Genentech	Improving Quality of Care for Patients with Chronic Spontaneous Urticaria
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Genentech	
		Novartis Pharmaceuticals	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		American Board of Allergy & Immunology	
		Aspen Allergy	
		American College of Chest Physicians	
		Illinois Society of Allergy, Asthma, and Immunology	
		Rush University	
		Teva Branded Pharmaceutical Products R&D, Inc.	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		American Board of Allergy & Immunology	2023 Spring Meeting; 2023 Fall Meeting
		Aspen Allergy	2023 Meeting
		Sanofi-Regeneron	2023 ATLAS PI Meeting
		Teva Branded Pharmaceutical Products R&D, Inc.	2023 European Respiratory Society Meeting;

		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)
			2023 American Thoracic Society Meeting
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	
		Chiesi	
		Genentech	
		Novartis Pharmaceuticals	
		Sanofi-Regeneron	
		Teva Branded Pharmaceutical Products R&D, Inc.	
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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Yu Bin Na

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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Date: 2/17/2024

Your Name: Nelson Ndahiro

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/15/2024

Your Name: Kevin Oei

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Elyse Ornelas-Gatdula

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: Jiangda Ou

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Han-Sol Park

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Bela Patel

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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		Institute of Healthcare Improvement Critical Care Hospital Flow Presentation	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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		Monogram Health Advisory Board	

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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.

ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: James H. Paxton, MD MBA

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Andrew Pekosz

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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Date: 2/17/2024

Your Name: Joann Petrini, PhD, MPH

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/17/2024

Your Name: Malathi Ram

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: William Rausch

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Jay S. Raval

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: [Jaiprasath Sachithanandham]

Manuscript Title: [Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial]

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: David Shade

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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Date: 2/15/2024

Your Name: Janna Shapiro

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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Date: 2/17/2024

Your Name: Aarthi Shenoy

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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

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

ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Shmuel Shoham

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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	other board, society, committee or advocacy group, paid or unpaid	American College of Physicians Board of Governors	No payment
11	Stock or stock options	<input type="checkbox"/> None	
		Immunome	Stock options never exercised
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:

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Atika Singh

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 541 1516 678"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1373 1516 1478"> <tr><td></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"/> None <table border="1" data-bbox="386 1827 1516 1932"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </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: 2/15/2024

Your Name: Ioannis Sitaras

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Emily S. Spivak

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		CME Speaker fees from Prime Education LLC	Payments made to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		DSMB Chair for the Gram-Negative Bloodstream Infection Oral Antibiotic Therapy Trial (GOAT)	NCT06080698 PCORI funded trial

		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)						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 363"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 506 1516 609"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 724 1516 827"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 938 1516 1041"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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: 2/15/2024

Your Name: David Sullivan

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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3	Royalties or licenses	<input type="checkbox"/> None	
		Binax Inc/D/B/A Inverness Medical for plasmids for HRP aldolase for malaria diagnostic test	
4	Consulting fees	<input type="checkbox"/> None	
		Legal malaria case- Berkowitz Firm (2023)	
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	
		Issued-USP 9,642,865 May 9, 2017 New angiogenesis inhibitors	Issued-USP 9,568,471 February 14, 2017 Malaria Diagnosis in Urine
		Issued-USP 7,270,948 September 18, 2007 Detection of malaria parasites by laser desorption mass spectrometry	Issued SALTS AND POLYMORPHS OF CETHROMYCIN FOR THE TREATMENT OF DISEASE Patent Application (Application #20230312633)
		Pending- Macrolide compounds and their use in liver stage malaria and related disease Application PCT/US2015/046665	

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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	
		AliquantumRx Founder and Board member (macrolide for malaria)	
11	Stock or stock options	<input type="checkbox"/> None	
		AliquantumRx	
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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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: 2/15/2024

Your Name: Catherine Sutcliffe

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Merck</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>	Merck						
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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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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: 2/15/2024

Your Name: Aaron Tobian

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Jinke Wu

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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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: 2/15/2024

Your Name: Anusha Yarava

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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ICMJE DISCLOSURE FORM

Date: 2/16/2024

Your Name: Anna Yin

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Steve Yoon

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 2/21/2024

Your Name: Martin Stuart Zand, MD, Ph.D.

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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

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

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ICMJE DISCLOSURE FORM

Date: 2/17/2024

Your Name: Alyssa Ziman

Manuscript Title: Outpatient COVID-19 convalescent plasma recipient antibody thresholds correlated to reduced hospitalizations within a randomized trial

Manuscript Number (if known): 178460-INS-CMED-TR-2

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