# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Selim Arcasoy

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| | | **Time frame: Since the initial planning of the work** | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ None | |
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| | | | Click the tab key to add additional rows. |
| | | **Time frame: past 36 months** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | NIH | Renovion |
| | | Natera | Sanofi |
| | | CareDx | Zambon, Therakos, CMS, CF Foundation |
| **3** | Royalties or licenses | ☐ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Ansley E. Jones

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| | | | |
| **3** | Royalties or licenses | ☒ **None** | |
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| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Luke Benvenuto

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | NIH | |
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| | | | |
| **3** | Royalties or licenses | ☒ **None** | |
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| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Chrisopher Carlsten

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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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.

<table>
<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.</td><td colspan="2">☒ None<br><br>
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<tr><td></td><td>Click the tab key to add additional rows.</td></tr>
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<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☐ None<br><br>
<table>
<tr><td>Canadian Institutes of Health Research</td><td>BC Lung Foundation</td></tr>
<tr><td>Canadian Allergy, Asthma, Immunology Found.</td><td>Genome BC</td></tr>
<tr><td>National Sanitorium Association</td><td>Kenvue Consumer Ltd</td></tr>
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<tr><td>3</td><td>Royalties or licenses</td><td colspan="2">☒ None<br><br>
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|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

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|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Christine Kim Garcia

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☐ None | |
| | | US Department of Defense | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | NIH | |
| | | AstraZeneca | |
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| **3** | Royalties or licenses | ☒ **None** | |
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| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☐ **None** | |
| | | Rejuvenation Technologies | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **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:** 9/4/2025

**Your Name:** Harpreet Grewal

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
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| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

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|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Chandan Gurung

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| | | | |
| **3** | Royalties or licenses | ☒ **None** | |
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| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Parteek Johal

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | Canadian Institutes of Health Research | BC Lung Foundation |
| | | Canadian Allergy, Asthma, Immunology Found. | Genome BC |
| | | National Sanitorium Association | Kenvue Consumer Ltd |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
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| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Ansley Jones

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | 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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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Zain Khan

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Claire F. McGroder

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
| | | Chest Foundation | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | 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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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Scarlett O. Murphy

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | 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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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Tomoko Nakanishi

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☐ **None** | |
| | | Japan Society for the Promotion of Science for Young Scientists | |
| | | Japan Grant-in-Aid for Scientific Research | |
| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
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| **4** | Consulting fees | ☒ **None** | |
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| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ **None** | |
| | | Boehringer Ingelheim | |
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| **6** | Payment for expert testimony | ☒ **None** | |
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| **7** | Support for attending meetings and/or travel | ☒ **None** | |
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| **8** | Patents planned, issued or pending | ☒ **None** | |
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| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |
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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) |
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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Renu Nandakumar

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| | | | |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** J Brent Richards

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ None | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | Roche | Biogen |
| | | Eli Lilly | |
| | | GloxSmithKline | |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☐ **None** | |
| | | 5 Prime Sciences | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Christopher J Ryerson

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | 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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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Anjali Saqi

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | Boehringer Ingelheim | |
| | | Genetech | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
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| **4** | Consulting fees | ☐ **None** | |
| | | Genetch | |
| | | Gilead | |
| | | Abbvie | |
| | | Veracyte | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ **None** | |
| | | Medscape | Bronx Lebanon Hospital |
| | | Physician's Education Resource | New York University |
| | | Memorial Sloan Kettering | |
| **6** | Payment for expert testimony | ☒ **None** | |
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| **7** | Support for attending meetings and/or travel | ☐ **None** | |
| | | Int. Soc. For Study of Lung Cancer | |
| | | College of American Pathologists | |
| | | | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| | | Major Pathological Calculator Tool | |
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| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |
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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) |
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| **11** | Stock or stock options | ☐ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Aditi S Shah

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

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| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| | | | |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | 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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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Faisal Shaikh

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| | | **Time frame: Since the initial planning of the work** | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| | | **Time frame: past 36 months** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | NIH | |
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| | | | |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Benjamin M Smith

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | Canadian Institutes of Health Research | |
| | | NIH | |
| | | McGill University Center | |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
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| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | 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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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Ying Wei

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

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|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Alyson W Wong

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| | | | |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Xuehan Yang

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** Agnes CY Yuen

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | Canadian Institutes of Health Research | BC Lung Foundation |
| | | Canadian Allergy, Asthma, Immunology Found. | Genome BC |
| | | National Sanitorium Association | Kenvue Consumer Ltd |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☒ **None** | |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **11** | Stock or stock options | ☒ **None** | |
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| | | | |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| | | | |
| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 9/4/2025

**Your Name:** David Zhang

**Manuscript Title:** Pulmonary fibrosis after COVID-19 is characterized by airway abnormalities and elevated CC16

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

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

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

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

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ☒ **None** | |
| | | | |
| | | | |
| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | NIH | |
| | | Francis Family Foundation | |
| | | Sonty-Wold Herbert Foundation | |
| **3** | Royalties or licenses | ☒ **None** | |
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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) |
|---|---|---|---|
| **4** | Consulting fees | ☐ **None** | |
| | | Boehringer Ingelheim | |
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| | | | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
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| **6** | Payment for expert testimony | ☒ **None** | |
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| **7** | Support for attending meetings and/or travel | ☒ **None** | |
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