

Section 1.	Identifying Inform	nation					
1. Given Name (Fi Ryan	irst Name)	2. Surnan Adam	ne (Last Nam	e)		3. Date 23-February-2016	
4. Are you the corresponding author?		Yes No Corresponding Author's Nam Dr. David Stoltz		or's Name			
5. Manuscript Titl Acute Administi		ople with C	F and a G5!	51D-CFTR Mutat	ion Reve	als Smooth Muscle Abnormalities	
6. Manuscript Ide 86183-INS-CMEI	ntifying Number (if you kr D-TR-2	now it)					
Costion 2							
Section 2.	The Work Under C	onsiderat	ion for Pu	ıblication			
any aspect of the statistical analysis, Are there any re If yes, please fill	submitted work (including , etc.)? levant conflicts of inter	g but not limest? $Y \in \mathcal{Y} $ ormation b	ited to grantes \tag{\text{\ti}\text{\texit{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\tet	s, data monitoring	board, st	ent, commercial, private foundation, etc. sudy design, manuscript preparation, ity press the "ADD" button to add a r	
Name of Institu	, .			Non-Financial Support?	Other?	Comments	
NIH							×
CFF							X
/ertex						This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	×
							ADD
Section 3.	Relevant financial	activities	outside t	he submitted	work.		
of compensation clicking the "Add	n) with entities as descr	ibed in the port relatio	instruction nships that	s. Use one line fo	or each e	cial relationships (regardless of amountity; add as many lines as you need e 36 months prior to publication.	
,							ADD

Adam 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Generate Disclosure Statement
Dr. Adam reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Adam 3



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Janel	2. Surname (Last Name) Barnes			3. Date 23-February-2016	
4. Are you the corresponding author?	Yes No Corresponding Author's Nat		or's Name		
5. Manuscript Title Acute Administration of Ivacaftor to Pe	ople with CF and a G551	D-CFTR Mutat	ion Revea	als Smooth Muscle Abnormalities	
6. Manuscript Identifying Number (if you kr 86183-INS-CMED-TR-2	now it)				
Cartinus					
Section 2. The Work Under C	onsideration for Pub	lication			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressin	g but not limited to grants, est? Yes No ormation below. If you h	data monitoring	board, st	udy design, manuscript preparation,	
Name of Institution/Company	Grant? Personal N	on-Financial Support	Other?	Comments	
NIH					×
CFF					×
Vertex				This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	×
					ADD
Section 3. Relevant financial	activities outside the	submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interest.	ibed in the instructions. port relationships that w	Use one line for ere present d	or each er	ntity; add as many lines as you nee	d by
,					ADD

Barnes 2



Section 4.	Intellectual Property Patents & Copyrights
Do you have any բ	patents, whether planned, pending or issued, broadly relevant to the work? Yes No
Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of acing, what you wrote in the submitted work?
Yes, the follow	ring relationships/conditions/circumstances are present (explain below):
	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	ition reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study; freceived no funding from these institutions during the relevant time periods.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Barnes 3



Section 1. Identifying Inform				
Identifying Inform	ation			
1. Given Name (First Name) Joseph	2. Surname (Last Name) Cavanaugh		3. Date 23-February-2016	
4. Are you the corresponding author?	Yes No	Corresponding Auth Dr. David Stoltz	nor's Name	
5. Manuscript Title Acute Administration of Ivacaftor to Ped	ople with CF and a G551D	-CFTR Mutation Reve	eals Smooth Muscle Abnormalities	
6. Manuscript Identifying Number (if you kn 86183-INS-CMED-TR-2	ow it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, da est? Yes No ormation below. If you have	ta monitoring board, s	tudy design, manuscript preparation,	
Name of Institution/Company	Grant	n-Financial other	Comments	
NIH				X
CFF				×
/ertex			This work was funded in part from an unrestricted grant from the Vertex	×
				DD
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Use port relationships that we	se one line for each o	entity; add as many lines as you need b	
			A	DD

Cavanaugh 2



Section 4.	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes No
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
	eports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study. Dr. not receive funding from these grants, but they provided support for other co-authors.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Cavanaugh 3



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jonathan	2. Surname (Last Name) Dodd	3. Date 23-February-2016
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to Pe	ople with CF and a G551E	D-CFTR Mutation Reveals Smooth Muscle Abnormalities
6. Manuscript Identifying Number (if you ki 86183-INS-CMED-TR-2	now it)	
Section 2. The Work Under C	onsideration for Publ	ication
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interest	est? Yes No	ADD
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ribed in the instructions. Uport relations hips that we	nether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
		ADD
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes No

Dodd 2



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Dodd 3



Section 1. Identifying Inform	nation			
Given Name (First Name) Anthony	2. Surname (Last Name) Fischer		3. Date 23-February-2016	
4. Are you the corresponding author?	Yes No	lo Corresponding Author's Name Dr. David Stoltz		
5. Manuscript Title Acute Administration of Ivacaftor to Pe	ople with CF and a G551D	-CFTR Mutation Reve	eals Smooth Muscle Abnormalities	
6. Manuscript Identifying Number (if you k 86183-INS-CMED-TR-2	now it)	_		
Section 2. The Work Under C	Consideration for Public	cation		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter If yes, please fill out the appropriate inf Excess rows can be removed by pressing	g but not limited to grants, da est? Yes No ormation below. If you hav	ta monitoring board, s	tudy design, manuscript preparation,	
Name of Institution/Company	Grant	n-Financial Other	Comments	
NIH				X
CFF CFF				X
/ertex			This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	×
				ADD
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should re Are there any relevant conflicts of inter	ribed in the instructions. Use port relationships that we	se one line for each e	entity; add as many lines as you need	
				ADD

Fischer 2



Section 4.	Intellectual Property Patents & Copyrights
Do you have any p	patents, whether planned, pending or issued, broadly relevant to the work? Yes No
Section 5.	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the	e following relationships/conditions/circumstances are present (explain below):
No oth	er relationships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abov below.	re disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Discl	osure Statement
Dr. Fischer reports	s grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Fischer 3



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Charles G	2. Surname (Last Name) Gallagher	3. Date 23-February-2016
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to Ped	ople with CF and a G551D	-CFTR Mutation Reveals Smooth Muscle Abnormalities
6. Manuscript Identifying Number (if you kr 86183-INS-CMED-TR-2	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
The there any relevant connects of interest		ADD
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
		ADD
Section 4. Intellectual Proper	rty Patents & Copyric	ahts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes No

Gallagher 2



Carthau F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, t	he following relationships/conditions/circumstances are present (explain below):
No ot	her relationships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Dr. Gallagher has	s nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Gallagher 3



Section 1. Identifying Inform		
Section 1. Identifying Inform	ation	
1. Given Name (First Name) Brenda	2. Surname (Last Name) Grogan	3. Date 23-February-2016
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to Pec	ople with CF and a G551D-	CFTR Mutation Reveals Smooth Muscle Abnormalities
6. Manuscript Identifying Number (if you kn 86183-INS-CMED-TR-2	ow it)	_
Section 2		
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
		ADD
Section 3. Relevant financial a	activities outside the s	ubmitted work.
Place a check in the appropriate boxes in of compensation) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
		ADD
Section 4. Intellectual Proper	ty Patents & Copyrig	ıhts
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the work? Yes No

Grogan 2



c .: =	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the	ne following relationships/conditions/circumstances are present (explain below):
No ot	her relationships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Dr. Grogan has n	othing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Grogan 3



	nation			
1. Given Name (First Name) Thomas	2. Surname (Last Name) Gross			3. Date 23-February-2016
4. Are you the corresponding author?	Yes No	Correspond Dr. David S	-	or's Name
5. Manuscript Title Acute Administration of Ivacaftor to Ped	ople with CF and a G5511	D-CFTR Mutati	on Reve	als Smooth Muscle Abnormalities
6. Manuscript Identifying Number (if you kn 86183-INS-CMED-TR-2	now it)			
Section 2				
Section 2. The Work Under Co	onsideration for Publ	lication		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intered if yes, please fill out the appropriate information in the excess rows can be removed by pressing the Name of Institution/Company	est? Yes No No No prmation below. If you had the "X" button. Grant? Personal No	ave more than		ity press the "ADD" button to add a ro
IIH				
NIH CFF				
				This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies
TFF				This work was funded in part from an unrestricted grant from the Vertex
/ertex	activities outside the	submitted	work.	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.

Gross 2



Section 4.	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes No
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, t	he following relationships/conditions/circumstances are present (explain below):
	her relationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
	tion reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study; Dr. ceived no funding from these institutions during the relevant time periods.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Gross 3



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Katherine	2. Surname (Last Name) Hisert	3. Date 23-February-2016	
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Dr. David Stoltz	
5. Manuscript Title Acute Administration of Ivacaftor to Ped	ople with CF and a G551D	-CFTR Mutation Reveals Smooth Muscle Abnorma	alities
6. Manuscript Identifying Number (if you kn 86183-INS-CMED-TR-2	iow it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
	but not limited to grants, da	a third party (government, commercial, private founda ta monitoring board, study design, manuscript prepara	
			ADD
Section 3. Relevant financial	activities outside the s	ubmitted work.	
of compensation) with entities as descri	ibed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless se one line for each entity; add as many lines as yo re present during the 36 months prior to publi c	ou need by
			ADD
Section 4. Intellectual Property			
Intellectual Proper	rty Patents & Copyric	ints	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes No	

Hisert 2



Section F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, t	he following relationships/conditions/circumstances are present (explain below):
No ot	her relationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Dr. Hisert has no	thing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Hisert 3



Section 1. Identifying Inform			
Identifying Inform	ation		
Given Name (First Name) Eric	2. Surname (Last Name) Hoffman		3. Date 23-February-2016
4. Are you the corresponding author?	Yes No	Corresponding Au Dr. David Stoltz	thor's Name
5. Manuscript Title Acute Administration of Ivacaftor to Ped	ople with CF and a G551D	-CFTR Mutation Rev	veals Smooth Muscle Abnormalities
6. Manuscript Identifying Number (if you kn 86183-INS-CMED-TR-2	now it)	_	
Section 2. The Work Under Co			
The Work Under Co	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info	but not limited to grants, daest? Yes No Domination below. If you have	ita monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation, ntity press the "ADD" button to add a row.
Excess rows can be removed by pressing			
Name of Institution/Company	Grant	n-Financial other	? Comments
NIH			×
CFF			×
/ertex			This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.
			ADD
			_
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i	n the table to indicate wh bed in the instructions. U	ether you have fina se one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.
Are there any relevant conflicts of interes	est? Yes No		
If yes, please fill out the appropriate info	ormation below.		

Hoffman 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
VIDA Diagnostics					Eric Hoffman is a founder and shareholder of VIDA Diagnostics, a company commercializing lung image analysis software developed, in part, at the University of Iowa	×	
						ADD	
Section 4. Intellectual Propert	y Pate	ents & Co	pyrights				
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No		
Section 5. Relationships not c	overed	above					
Are there other relationships or activities potentially influencing, what you wrote i	that read	ders could _l		nfluence	d, or that give the appearance of		
Yes, the following relationships/cond	litions/cir	cumstance	es are present (exp	olain belo	ow):		
No other relationships/conditions/circ	umstance	es that pre	sent a potential co	onflict of	interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.							
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this form below.	n will auto	omatically	generate a disclos	sure state	ment, which will appear in the box	(
Generate Disclosure Statement	Generate Disclosure Statement						
Eric Hoffman is a founder and s lung image analysis software d				-	' '		

Hoffman 3



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Janice	2. Surname (Last Name Launspach	·)		3. Date 23-February-2016	
4. Are you the corresponding author?	Yes No	Correspon Dr. David	_	or's Name	
5. Manuscript Title Acute Administration of Ivacaftor to Pe	ople with CF and a G55	1D-CFTR Muta	ion Reve	als Smooth Muscle Abnormalities	
6. Manuscript Identifying Number (if you kr 86183-INS-CMED-TR-2	now it)				
Section 2. The Work Under C	onsideration for Pul				
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressin	ive payment or services from the payment or services from the payment or services from the payment of the payme	om a third party , data monitorin	g board, st	udy design, manuscript preparation,	
Name of Institution/Company	Grant? Personal I	Non-Financial Support	Other?	Comments	
NIH					×
CFF					×
/ertex				This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	×
					ADD
Section 3. Polygont financial	activities outside th		ouls		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should repart there any relevant conflicts of interests.	in the table to indicate ibed in the instructions port relationships that w	whether you ha . Use one line f were present d	ave financ or each e	ntity; add as many lines as you nee	d by

Launspach 2



Section 4. In	tellectual Property Patents & Copyrights
Do you have any pa	tents, whether planned, pending or issued, broadly relevant to the work? Yes No
Section 5.	elationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?
Yes, the	following relationships/conditions/circumstances are present (explain below):
No other	r relationships/conditions/circumstances that present a potential conflict of interest
	iscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Is may ask authors to disclose further information about reported relationships.
Section 6. D	isclosure Statement
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disclo	sure Statement
Ms. Launspach repo	orts grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Launspach 3



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Edward	2. Surname (Last Name) McKone		3. Date 23-February-2016	
4. Are you the corresponding author?	Yes No	Corresponding Autho	or's Name	
5. Manuscript Title Acute Administration of Ivacaftor to Ped	ople with CF and a G551D-	-CFTR Mutation Revea	lls Smooth Muscle Abnormalities	
6. Manuscript Identifying Number (if you kn 86183-INS-CMED-TR-2	ow it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interei If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, daest? Yes No ormation below. If you hav	ta monitoring board, sto	udy design, manuscript preparation,	
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments	
Vertex				×
				ADD
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instructions. Use port relationships that werest? Yes No	se one line for each er	ntity; add as many lines as you ne	ed by
Name of Entity	Gialit	n-Financial other?	Comments	
Gilead				×
Novartis				×
Vertex				X

McKone 2



Name of Entity	Grant? Persona	Non-Financial	Other?	Comments	
РТС					×
Pharmaxis					×
					ADD
Section 4. Intellectual Property					
Intellectual Propert	ty Patents & C	opyrights			
Do you have any patents, whether plann	ied, pending or issi	ued, broadly releva	nt to the	work? Yes No	
Section 5. Relationships not o	covered above				
Are there other relationships or activities potentially influencing, what you wrote		•	influenced	d, or that give the appearance	of
Yes, the following relationshi	•	•	•		
No other relationships/condi	tions/circumstance	es that present a po	otential co	nflict of interest	
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					atements.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form		v gonorato a disclo	curo stato	mont which will appear in the	hov
below.	ii wiii automatican	y generate a discio	sure state	ment, which will appear in the	: DOX
Generate Disclosure Statement					
Dr. McKone reports a grant from Vertex,					
financial support from Novartis, personathe submitted work.	al fees from Vertex,	personal fees from	n PTC, pers	sonal fees from Pharmaxis, ou	tside

McKone 3



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Sieren		3. Date 23-February-2016	
4. Are you the cor	responding author?	Yes No	Corresponding Auth Dr. David Stoltz	nor's Name	
5. Manuscript Title Acute Administr		ople with CF and a G551D	O-CFTR Mutation Reve	eals Smooth Muscle Abnormalities	
6. Manuscript Ider 86183-INS-CMED	ntifying Number (if you kn)-TR-2	ow it)			
Section 2.	The Work Under Co	onsideration for Publi	ication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d		nent, commercial, private foundation, etc study design, manuscript preparation,	c.) for
Are there any re-	evant connects of intere	3t:			ADD
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation) with entities as descri	bed in the instructions. ${\sf U}$	Ise one line for each e	ncial relationships (regardless of amo entity; add as many lines as you need ne 36 months prior to publication.	
Are there any rel	evant conflicts of intere	est? Yes No			
If yes, please fill o	out the appropriate info	rmation below.			
Name of Entity		Grant•	on-Financial Support	Comments	
Employee and Share Diagnostics Inc.	holder of VIDA			VIDA is a software analysis company, the work above was completed when I worked at the Universtiy of iowa	×
					ADD
Section 4.	Intellested Due	tu. Datauta (Camai	ubša —		
	intellectual Proper	ty Patents & Copyri	gnts		
Do you have any	patents, whether plans	ned, pending or issued, b	roadly relevant to the	e work? Yes No	

Sieren 2



Section 5. Rela	tionships not covered above
	ships or activities that readers could perceive to have influenced, or that give the appearance of what you wrote in the submitted work?
Yes, the foll	owing relationships/conditions/circumstances are present (explain below):
No other re	ationships/conditions/circumstances that present a potential conflict of interest
	ipt acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nay ask authors to disclose further information about reported relationships.
Section 6. Disc	osure Statement
Based on the above disbelow.	closures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disclosur	re Statement
Dr. Sieren reports othe	r from Employee and Share holder of VIDA Diagnostics Inc., outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Sieren 3



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Pradeep		2. Surname (Last Singh	Name)		3. Date 23-February-201	16
4. Are you the cor	responding author?	Yes N	o Correspoi Dr. David	nding Author's N d Stoltz	lame	
5. Manuscript Title Acute Administra	e ation of Ivacaftor to Pec	ople with CF and a	G551D-CFTR Muta	ation Reveals Si	mooth Muscle Abn	ormalities
6. Manuscript Ider 86183-INS-CMED	ntifying Number (if you kn D-TR-2	ow it)				
Costion 2						
Section 2.	The Work Under Co	onsideration fo	Publication			
	titution at any time recei ubmitted work (including etc.)?					
Are there any rele	evant conflicts of intere	est? Yes [No			
	out the appropriate info be removed by pressing		you have more tha	an one entity p	ress the "ADD" but	ton to add a row.
Name of Institut		Grant? Person		Other? Co	omments	
NIH						×
CF foundation						×
/ertex Pharmaceutica	als					×
						ADD
Cartina 2						
Section 3.	Relevant financial	activities outsi	le the submitted	d work.		
of compensation clicking the "Add	the appropriate boxes i a) with entities as descri I +" box. You should rep evant conflicts of intere	bed in the instructors port relationships	tions. Use one line	for each entity	; add as many lines	as you need by
						ADD
Section 4.	Intellectual Proper	ty Patents &	Copyrights			
Do you have any	patents, whether plani	ned, pending or is	sued, broadly relev	ant to the wor	k? Yes	No

Singh 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Generate Disclosure Statement
Dr. Singh reports grants from NIH, grants from CF foundation, grants from Vertex Pharmaceuticals, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Singh 3



Section 1. Identifying Inform	mation						
Given Name (First Name) David	2. Surname (Last Name) Stoltz			3. Date 23-February-2016			
4. Are you the corresponding author?	Yes No						
5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities							
6. Manuscript Identifying Number (if you k 86183-INS-CMED-TR-2	now it)						
Section 2. The Work Under (Consideration for Pu	blication					
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)?	g but not limited to grants	s, data monitoring	-	•	:.) for		
Are there any relevant conflicts of intellif yes, please fill out the appropriate in:			one enti	ity proce the "ADD" button to add a	row		
Excess rows can be removed by pressi	•	nave more than	i one enti	button to add a	10w.		
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments			
NIH					×		
CFF					X		
/ertex				This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	×		
					ADD		
Section 3. Relevant financia	l activities outside th	ne submitted	work.				
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should re	ribed in the instructions	s. Use one line fo	or each e	ntity; add as many lines as you need			
Are there any relevant conflicts of inte		-	aring til	c 30 months prior to publication.			
					ADD		

Stoltz 2



Section 4.	Intellectual Property Patents & Copyrights						
Do you have any բ	patents, whether planned, pending or issued, broadly relevant to the work? Yes No						
Section 5.	Relationships not covered above						
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?						
Yes, th	e following relationships/conditions/circumstances are present (explain below):						
No oth	No other relationships/conditions/circumstances that present a potential conflict of interest						
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.						
Section 6.	Disclosure Statement						
below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box						
Generate Disc	losure Statement						
Dr. Stoltz reports	grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.						

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Stoltz 3



Section 1.	Identifying Infor	mation					
1. Given Name (First Name) Michael		2. Surnan Welsh	2. Surname (Last Name) Welsh			3. Date 23-February-2016	
4. Are you the corresponding author?		Yes	Yes No Corresponding Author's Nat			or's Name	
5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a		F and a G551	D-CFTR Mutat	ion Reve	als Smooth Muscle Abnormalities		
6. Manuscript Ide 86183-INS-CME	entifying Number (if you D-TR-2	know it)					
Section 2.	The Work Under	Considerat	ion for Pub	lication			
any aspect of the statistical analysis Are there any re If yes, please fill	submitted work (includir s, etc.)? :levant conflicts of inte	ng but not limerest? Yearformation be	ited to grants, s No elow. If you h	data monitoring	g board, s	ent, commercial, private foundation, etc.) fo tudy design, manuscript preparation, city press the "ADD" button to add a row	
Name of Institu	tion/Company	Grant?	Personal N Fees?	on-Financial Support	Other?	Comments	
IH						×	
FF						×	
ertex						This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	
						AD	
Section 3.	Relevant financia	ıl activities	outside the	submitted	work.		
of compensatio	n) with entities as desc	cribed in the	instructions.	Use one line f	or each e	cial relationships (regardless of amount entity; add as many lines as you need by e 36 months prior to publication.	
Are there any re	levant conflicts of inte	erest?	'es No				
						AD	

Welsh 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. Generate Disclosure Statement
Dr. Welsh reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Welsh 3