



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ryan

2. Surname (Last Name)

Adam

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)

86183-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☐ No

ADD



ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Janel	2. Surname (Last Name) Barnes	3. Date 23-February-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		Corresponding Author's Name Dr. David Stoltz
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 know it) 86183-INS-CMED-TR-2		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

ADD



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Section 6. Disclosure Statement

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Generate Disclosure Statement

Ms. Barnes' institution reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study; Ms. Barnes herself received no funding from these institutions during the relevant time periods.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

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 Author's Name

Dr. David Stoltz

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 know it)

86183-INS-CMED-TR-2

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X

ADD

Section 3.

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD



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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Cavanaugh reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study. Dr. Cavanaugh did not receive funding from these grants, but they provided support for other co-authors.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)

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Section 2.

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD

Section 3.

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☐

No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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☐

Yes, the following relationships/conditions/circumstances are present (explain below):

☐

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Disclosure Statement

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Dr. Dodd has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anthony

2. Surname (Last Name)

Fischer

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)

86183-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

ADD



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

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Are there any relevant conflicts of interest?

☐ Yes☐ No

ADD

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Are there any relevant conflicts of interest?

☐ Yes☐ No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes☐ No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Gallagher has 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.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD

Section 3.

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☐

No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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Generate Disclosure Statement

Dr. Grogan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Gross

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X

ADD

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Dr. Gross' institution reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study; Dr. Gross himself received no funding from these institutions during the relevant time periods.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☐

No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

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Generate Disclosure Statement

Dr. Hisert has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Hoffman

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
VIDA Diagnostics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<div>X</div> <div>ADD</div>

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?

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Generate Disclosure Statement

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Janice	2. Surname (Last Name) Launspach	3. Date 23-February-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities		
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Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☐ No

ADD



ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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Generate Disclosure Statement

Ms. Launspach reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

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 Author's Name

Dr. David Stoltz

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 know it)

86183-INS-CMED-TR-2

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

Section 3.

Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
PTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Pharmaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

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?

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Generate Disclosure Statement

Dr. McKone reports a grant from Vertex, during the conduct of the study; personal fees from Gilead, personal fees and non-financial support from Novartis, personal fees from Vertex, personal fees from PTC, personal fees from Pharmaxis, outside the submitted work.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jered

2. Surname (Last Name)

Sieren

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 People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)

86183-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes

☐ No

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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Employee and Share holder of VIDA Diagnostics Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIDA is a software analysis company, the work above was completed when I worked at the University of Iowa

X

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No



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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.

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Disclosure Statement

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Generate Disclosure Statement

Dr. Sieren reports other from Employee and Share holder of VIDA Diagnostics Inc. , outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pradeep	2. Surname (Last Name) Singh	3. Date 23-February-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		Corresponding Author's Name Dr. David Stoltz
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 know it) 86183-INS-CMED-TR-2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
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CF foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6.

Disclosure Statement

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Generate Disclosure Statement

Dr. Singh reports grants from NIH, grants from CF foundation, grants from Vertex Pharmaceuticals, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. 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

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Are there any relevant conflicts of interest?

☒

Yes

☐

No

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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

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Are there any relevant conflicts of interest?

☐

Yes

☐

No

ADD



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1.

Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Welsh

3. Date

23-February-2016

4. Are you the corresponding author?

☐

Yes

☐

No

Corresponding Author's Name

Dr. David Stoltz

5. Manuscript Title

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Are there any relevant conflicts of interest?

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Yes

☐

No

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Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X

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Yes

☐

No

ADD



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