ICMJE DISCLOSURE FORM

Date: October 12, 2021
Your Name: Alex K. Pearce
Manuscript Title: Lung and Chest Wall Mechanics in Covid-19
Manuscript number (if known): JTD-21-1567

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.

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**<br>No time limit for this item. | _X__None                                                                         |

**Time frame: Since the Initial planning of the work**

|   | Time frame: past 36 months                                                                 |
|---|-------------------------------------------------------------------------------------------|
| 2 | _X__None                                                                                  |
| 3 | _X__None                                                                                  |
| 4 | _X__None                                                                                  |
| 5 | _X__None                                                                                  |
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 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 |
| 11| Stock or stock options                                                  | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13| Other financial or non-financial interests                              | None     |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: October 12, 2021
Your Name: W. Cameron McGuire
Manuscript Title: Lung and Chest Wall Mechanics in Covid-19
Manuscript number (if known): JTD-21-1567

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None

No time limit for this item.

|   | Time frame: since the initial planning of the work |
|---|--------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Question                                                                                   | X | None |
|---|--------------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                               | X | None |
| 7 | Support for attending meetings and/or travel                                               | X | None |
| 8 | Patents planned, issued or pending                                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                          | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                                     | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services            | X | None |
| 13| Other financial or non-financial interests                                                  | X | None |

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

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

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Date: 10/11/21
Your Name: Atul Malhotra
Manuscript Title: Lung and Chest Wall Mechanics in COVID-19
Manuscript number (if known): JTD-21-1567

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ____None                                                                            |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | ____NIH                                                                           |
| 3 | Royalties or licenses                                                                         | ____None                                                                           |
| 4 | Consulting fees                                                                               | ____None                                                                           |
|   | **Time frame: past 36 months**                                                                |                                                                                   |
|   |   |   |
|---|---|---|
| **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 |
| **11** | Stock or stock options | None |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| **13** | Other financial or non-financial interests | ResMed Philanthropic donation to UCSD |

**Please summarize the above conflict of interest in the following box:**

A Malhotra receives research funding from the NIH. University of California, San Diego has received philanthropic donations from ResMed.

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

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