ICMJE DISCLOSURE FORM

Date:______Mar. 23\textsuperscript{th}, 2021______
Your Name:___Gabriela Gama Freire Alberca
Manuscript Title: Could immune activation cause pancreatitis in COVID-19 patients?
Manuscript number (if known): TGH-21-21

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** | **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.) | \_X\_None                                                                 |
|   | **No time limit for this item.**                                                                 |                                                                                  |
| **2** | **Time frame: past 36 months**                                                                 |                                                                                  |
| 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                                                                 | Agreement |
|---|--------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,    | __X__None |
|   | manuscript writing or educational events                                |           |
| 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:

None.

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:______Mar. 23th, 2021_____
Your Name: ___ Naiane Samira Souza Cardoso
Manuscript Title: Could immune activation cause pancreatitis in COVID-19 patients?
Manuscript number (if known): TGH-21-21

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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 |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None | Time frame: past 36 months |
| **3** | Royalties or licenses | _X_ None | |
| **4** | Consulting fees | _X_ None | |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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:

None.

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__X__ 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:______Mar. 23th, 2021____
Your Name:___Ricardo Wesley Alberca___
Manuscript Title: Could immune activation cause pancreatitis in COVID-19 patients?
Manuscript number (if known): TGH-21-21

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| Item | 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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| 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. | Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP). Fellowship with direct payments to Ricardo Wesley Alberca. Grant Numbers: 19/02679-7 |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). __X__ None            |                                                                                  |
| 3    | Royalties or licenses __X__ None                                                              |                                                                                  |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 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 |
|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:

RWA has a fellowship from the Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP).

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