

ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Tomoko Nakanishi
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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	
		the Japan Society for the Promotion of Science for Young Scientists	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 19th Aug, 2021
 Your Name: Sara Pigazzini
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 Your Name: Frauke Degenhardt
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		DFG Cluster of Excellence 2167 "Precision Medicine in Chronic Inflammation (PMI)" (DFG Grant: "EXC2167")	Institution
Time frame: past 36 months			
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Date: 19th Aug, 2021
 Your Name: Mattia Cordioli
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
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Date: 19th Aug, 2021
 Your Name: Guillaume Butler-Laporte
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
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		CIHR scholarship	
		joint FRQS and Québec Ministry of Health and Social Services scholarship	
Time frame: past 36 months			
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3	Royalties or licenses	<u>X</u> None	

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Date: 19th Aug, 2021
 Your Name: Douglas Maya-Miles
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		Grupo de Trabajo en Medicina Personalizada contra el COVID-19 de Andalucía	This study
		"Consejería de Salud y Familias" of the Andalusian Government.	This study
		the Andalusian government (Proyectos Estratégicos-Fondos Feder PE-0451-2018)	Myself
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	

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 Your Name: Mari Niemi
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		German Federal Ministry of Education and Research (BMBF) (CompLS grant 031L0165)	This study
		DFG Cluster of Excellence 2167 "Precision Medicine in Chronic Inflammation (PMI)" (DFG Grant: "EXC2167").	This study
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 19th Aug, 2021
 Your Name: Atlas Khan
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.	<input type="checkbox"/> None	
		Columbia University and the National Center for Advancing Translational Sciences, NIH, through Grant Number UL1TR001873	The institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Manuel Martínez-Bueno
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input type="checkbox"/> None	
		Consejería de Economía, Conocimiento, Empresas y Universidad #CV20-10150	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Selina Rolker
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Sara Amitano

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		the MIUR grant "Dipartimenti di Eccellenza 2018-2020" to the Department of Medical Biotechnologies University of Siena, Italy	This study
		the "Intesa San Paolo 2020 charity fund" dedicated to the project NB/2020/0119	This study
		philanthropic donations to the Department of Medical Biotechnologies, University of Siena for the COVID-19 host genetics research project (D.L n.18 of March 17, 2020)	This study
		Tuscany Region "Bando Ricerca COVID-19 Toscana" grant to the Azienda Ospedaliero Universitaria Senese (CUP I49C20000280002)	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Luisa Roade
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Francesca Fava

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		the MIUR grant "Dipartimenti di Eccellenza 2018-2020" to the Department of Medical Biotechnologies University of Siena, Italy	This study
		the "Intesa San Paolo 2020 charity fund" dedicated to the project NB/2020/0119	This study
		philanthropic donations to the Department of Medical Biotechnologies, University of Siena for the COVID-19 host genetics research project (D.L n.18 of March 17, 2020)	This study
		Tuscany Region "Bando Ricerca COVID-19 Toscana" grant to the Azienda Ospedaliero Universitaria Senese (CUP I49C20000280002)	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Christoph D. Spinner

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	AbbVie, Apeiron, B. Braun Melsungen, Cepheid, Eli Lilly, Gilead Sciences, MSD, GSK, Molecular partners, ViiV Healthcare
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<u>Since 2018</u>	Gilead Sciences, Janssen-Cilag, Formycon, MSD, GSK, Molecular partners, ViiV Healthcare
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel		s. 4
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> 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: 19th Aug, 2021

Your Name: Daniele Prati

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		Ricerca corrente Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico	Myself
		CV PREVITAL "Strategie di prevenzione primaria nella popolazione Italiana" Ministero della Salute	Myself
		Associazione Italiana per la Prevenzione dell'Epatite Virale (COPEV)	Myself
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Macopharma	
		Ortho Clinical Diagnostics	
		Grifols	
		Terumo	
		Immucor	
		Diamed	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: David Bernardo

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		Proyectos COVID-19 de la Junta de Castilla y León (07.04.467B04.74011.0)	This study
		CSIC-COV19-016/202020E155	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Federico Garcia

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input type="checkbox"/> None	
		Grupo de Trabajo en Medicina Personalizada contra el COVID-19 de Andalucía	This study
		"Consejería de Salud y Familias" of the Andalusian Government.	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 19th Aug, 2021

Your Name: Gilles Darcis

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input type="checkbox"/> None	
		Fondation Léon Fredericq and from Fonds de la Recherche Scientifique (FNRS)	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Israel Fernández-Cadenas

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		the Consejo Superior de Investigaciones Científicas	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Jan Cato Holter

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		Research Council of Norway grant no 312780	This study
		A philanthropic donation from Vivaldi Invest A/S owned by Jon Stephenson von Tetzchner.	This study
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Jesus M Banales

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Robert Frithiof

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input checked="" type="checkbox"/> None	
		SciLifeLab/KAW national COVID-19 research program project grant (KAW 2020.0182)	This study
		the Swedish Research Council (2014-02569 and 2014-07606).	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Krzysztof Kiryluk

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		Columbia University and the National Center for Advancing Translational Sciences	
		NIH (Grant Number UL1TR001873)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Stefano Duga

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		Ricerca Corrente (Italian Ministry of Health)	This study
		intramural funding (Fondazione Humanitas per la Ricerca)	This study
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Rosanna Asselta

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Alexandre C Pereira

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Manuel Romero-Gómez

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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		the Instituto de Salud Carlos III (CIBERehd, CIBERER and CIBERESP)	This study
		Consejería de Salud y Familias" of the Andalusian Government	This study
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 19th Aug, 2021
 Your Name: Beatriz Nafria-Jimenez
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Johannes R. Hov
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	Research support, Biogen
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
			Consulting fees, Novartis
			Consulting fees, Orkla Health
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
			Lecture honoraria, Novartis
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Isabelle Migeotte
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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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	
		Fonds Erasme	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Alessandra Renieri

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input type="checkbox"/> None	
		the MIUR grant "Dipartimenti di Eccellenza 2018-2020" to the Department of Medical Biotechnologies University of Siena, Italy	This study
		the "Intesa San Paolo 2020 charity fund" dedicated to the project NB/2020/0119	This study
		philanthropic donations to the Department of Medical Biotechnologies, University of Siena for the COVID-19 host genetics research project (D.L n.18 of March 17, 2020)	This study
		Tuscany Region "Bando Ricerca COVID-19 Toscana" grant to the Azienda Ospedaliero Universitaria Senese (CUP I49C20000280002)	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Anna M. Planas

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

Manuscript number (if known): 152386-JCI-CMED-1

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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	
		the Consejo Superior de Investigaciones Científicas	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Kerstin U. Ludwig
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input type="checkbox"/> None	
		the German Research Foundation (LU 1944/3-1)	Myself
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Maria Buti
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Souad Rahmouni
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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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.	<input type="checkbox"/> None Fondation Léon Fredericq and from Fonds de la Recherche Scientifique (FNRS)	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Marta E. Alarcón-Riquelme
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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		the Consejería de Economía, Conocimiento, Empresas y Universidad #CV20-10150	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Eva C. Schulte
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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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.	Technical University Munich, Munich, Germany	this study
		Munich Clinician Scientist Program (MCSP)	myself
		Deutsche Forschungsgemeinschaft/ German Research Foundation (DFG; SCHU2419/2-1)	my research group
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Andre Franke
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
 Manuscript number (if known): 152386-JCI-CMED-1

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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	
		DFG Cluster of Excellence 2167 "Precision Medicine in Chronic Inflammation (PMI)" (DFG Grant: "EXC2167")	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021
 Your Name: Tom H Karlsen
 Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality
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		A philanthropic donation from Stein Erik Hagen.	This study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	_ None	

		Novartis	
		Gilead	
		Intercept	
		Engitix	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19th Aug, 2021

Your Name: Luca Valenti

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

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		Fondazione IRCCS Cà Granda Milano	This study
		MyFirst Grant AIRC n.16888	My research group
		Ricerca Finalizzata Ministero della Salute RF-2016-02364358	My research group
		Ricerca corrente Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico	My research group
		Fondazione Patrimonio Ca' Granda "Liver Bible" PR-0361.	My research group
		Programme "Photonics" under grant agreement "101016726"	My research group
		the European Union (EU) Programme Horizon 2020 (under grant agreement No. 777377)	My research group
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ None	
		Gilead	

3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	
		Gilead	
		Pfizer	
		Intercept pharmaceuticals	
		IONIS	
		Diatech Pharmacogenetics	
		Astra Zeneca Novo Nordisk	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
		MSD	
		AlfaSigma	
		AbbVie Gilead	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
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13	Other financial or non-financial interests	<u> X </u> None	

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Date: 19th Aug, 2021

Your Name: Hugo Zeberg

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

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		Jeansson Stiftelser	Myself
		Magnus Bergvalls Stiftelse	Myself
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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Date: 19th Aug, 2021

Your Name: J. Brent Richards

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

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		Canadian Institutes of Health Research (CIHR) (365825 and 409511)	My research group
		the Lady Davis Institute of the Jewish General Hospital	My research group
		the NIH Foundation	My research group
		the Canadian Foundation for Innovation (CFI)	My research group
		Cancer Research UK	My research group
		Genome Québec	My research group, this study
		the Public Health Agency of Canada	My research group, this study
		the McGill Interdisciplinary Initiative in Infection and Immunity	My research group, this study
		the Fonds de Recherche Québec Santé (FRQS)	Myself, this study
		FRQS Clinical Research Scholarship	Myself
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		GlaxoSmithKline	
		Deerfield Capital	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: 19th Aug, 2021

Your Name: Andrea Ganna

Manuscript Title: Age-dependent impact of the major common genetic risk factor for COVID-19 on severity and mortality

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		NordForsk Nordic Trial Alliance (NTA) grant	Myself
		Academy of Finland Fellow grant N. 323116	Myself
		the Academy of Finland for PREDICT consortium N. 340541.	Myself
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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