Date:	9/15/2022	
Your Name:	Prof. Dr. Hubert Schrezenmeier	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	ications/Comments (e.g., if payments made to you or to your institution)
		Time frame: Since the initial plan	ning of t	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 General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded clinical trial. Expense reimbursement for d treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg He 3.555.082 € up to 630 € per enrolled donor including fi plasmapheresis, 420 € per subsequent pla donation up to 310 € per donor in the follow up per up to 885 € per patient in the follow up per All paid to participating institution [not to investigator]
		Time frame: past 36 m	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Funding from the European Commission for European Collaborative Project "SUPPORT-E ("Supporting high quality evaluation of COV convalescent plasma throughout Europe", r 101015756). H.S. participates in this project	" ID-19 Io	

		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)
		 Work Package leader. Funding is paid to the institution. Funding from the Ministry for Science, Rese and Arts of Baden-Württemberg, Germany analysis of immune response in COVID-19 convalescent individuals. Funding is to the institution. The CAPSID trail has not been funded by the two grants but only by the German Federal Ministry of Health - see above #1 	arch for
3	Royalties or licenses	None	
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentation s, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	⊠ None	

		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)
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	
Plea	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.		

Date:	9/15/2022	
Your Name:	Prof. Dr. h. c. Erhard Seifried	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Time frame: Since the initial pl	anning o	of the work
1	All support for the present	D None		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen 3.555.082 € (paid to participating institution [not to the investigator])
		Time frame: past 36	months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None		

		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)
3	Royalties or licenses	⊠ 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 ☑	

		Name all entities with whom you hat this relationship or indicate none (a rows as needed)		ications/Comments (e.g., if payments were to you or to your institution)
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1 1	Stock or stock options	⊠ None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	⊠ None		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2022
Your Name:	Dr. Sixten Körper
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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3	Royalties or licenses	☑ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, 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	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Co-Chair to the Working party on Preparative Therapeutic Apheresis of the DGTI (Germannesson Society of Transfusion Medicine and Immunohematology)		
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 None		
Plea	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 I form.			

Date:	9/15/2022
Your Name:	Dr. Thomas Appl
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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	materials, medical writing, article processing charges, etc.) No time limit for this item.			(paid to participating institution [not to the investigator])
		Time frame: past 36	nonths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		

		Specifications/Comments (e.g., if payments were made to you or to your institution)	
3	Royalties or licenses	⊠ None	
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentation s, 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 □	

		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)	
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		
Plea	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.			

Date:	9/15/2022
Your Name:	Prof. Dr. Dr. Matthias Dollinger
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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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 General funding started in 01.04.2020 and 0 31.05.2022 German Federal Ministry of Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for dono treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 4400 € per patient treated within the fir part of the trial 2000 € set up fee for initiation of the trial up to 885 € per patient in the follow up period
	No time limit for this item.			All paid to participating institution [not to the investigator]
	for this term.	Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None EU Horizon 2020 German Federal Ministry of Health		Payments to Institution Payments to Institution

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3	Royalties or licenses	None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, speakers bureaus, manuscript writing or educational events	□ None Falk Takeda Sanofi	Lectures Lectures Lectures
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 Takeda Sobi Alexion	Advisory Board Advisory Board Advisory Board

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	D None Editor for "Zeitschrift für Gastroenterologie	<i>"</i>	
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		
Plea	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.			

Date:	9/15/2022	
Your Name:	Lucas Ernst	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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3	Royalties or licenses	☑ None		
4	Consulting fees	☑ None		
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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		

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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		
Plea	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.				

Date:	9/15/2022
Your Name:	Dr. Gregor Paul
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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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	□ None General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 4400 € per patient treated within the fir part of the trial 2000 € set up fee for initiation of the trial up to 885 € per patient in the follow up period All paid to participating institution [not to the investigator]
	for this item.			
		Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	DRF e.v. for the contracts of a study 250.00	0€	

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3	Royalties or licenses	☑ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, speakers bureaus, manuscript writing or educational events	None AstraZeneca 1000€ Aposor GmbH 500€	
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	

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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		
Plea	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.				

Date:	9/15/2022
Your Name:	Dr. Philipp Lepper
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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3	Royalties or licenses	☑ None	
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentation s, 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	

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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		
Plea	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.				

Date:	9/15/2022
Your Name:	Prof. Dr. Manfred Weiss
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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5	Payment or honoraria for lectures, presentation s, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	☑ None	
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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		
Plea	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.				

Date:	9/15/2022
Your Name:	Prof. Dr. Daniel Zickler
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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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	

		this r	e all entities with whom you have elationship or indicate none (add as needed)		cations/Comments (e.g., if payments were to you or to your institution)
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		
Plea	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.				

Date:	9/15/2022		
Your Name:	Prof. Dr. Kai Zacharowski		
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients		
Manuscript Number (if known):	163657-JCI-CMED-RV-2		

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 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	cations/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial pla	nning 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	□ None General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded th clinical trial. Expense reimbursement for pati treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hesse up to 4400 € per patient treated within the part of the trial 2000 € set up fee for initiation of the trial up to 885 € per patient in the follow up peri All paid to participating institution [not to th investigator]
	for this item.			<u> </u>
		Time frame: past 36 r	nonths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None European Union Horizon 2020		Envision

		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)
3	Royalties or licenses	None	
4	Consulting fees	None CSL Vifor, CE Healthcare	
5	Payment or honoraria for lectures, presentation s, 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 Haemonetics, CLS Vifor	

		this r	e all entities with whom you have elationship or indicate none (add as needed)		cations/Comments (e.g., if payments were to you or to your institution)
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		
Plea	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.				

Date:	9/15/2022		
Your Name:	Prof. Dr. Hinnerk Wulf		
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients		
Manuscript Number (if known):	163657-JCI-CMED-RV-2		

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		Time frame: past 36	nonths
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None ☑	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)Specifications/Comments (e.g., if payments we made to you or to your institution)	
3	Royalties or licenses	☑ None	
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentation s, speakers bureaus, manuscript writing or educational events	None Grünenthal Sintetica Edwards Medtronic	
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	

		this ı	e all entities with whom you have relationship or indicate none (add as needed)		cations/Comments (e.g., if payments were to you or to your institution)	
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			
Plea	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.					

Date:	9/15/2022	
Your Name:	Prof. Dr. Thomas Wiesmann	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	ications/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial pl	anning o	f 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 General funding started in 01.04.2020 and 31.05.2022 German Federal Ministry Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 4400 € per patient treated within the fir part of the trial 2000 € set up fee for initiation of the trial up to 885 € per patient in the follow up period All paid to participating institution [not to the investigator]
		Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		

		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)
3	Royalties or licenses	⊠ 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	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	DGAI	ESRA (European Society of Regional Anesthes Pain Medicine): German Board Member (unpaid) DGAI (Dt. Gesellschaft f. Anästhesie & Intensivtherapie, German Society of Anesthesia & Intensive Ca Medicine), Vice-Speaker of the Working Grou on "Regional Anesthesia"(unpaid)
1	Stock or stock options	None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
1 3	Other financial or non-financial interests	⊠ None	
Ple	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.		

Date:	9/15/2022	
Your Name:	PD Dr. ThomasThiele	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)		ications/Comments (e.g., if payments were to you or to your institution)
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		Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		

		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)
3	Royalties or licenses	⊠ 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	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
1 1	Stock or stock options	⊠ None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
1 3	Other financial or non-financial interests	⊠ 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.

Date:	9/15/2022	
Your Name: Prof. Dr. Peter Spieth		
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Time frame: Since the initial p	anning of	f 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 General funding started in 01.04.2020 and 0 31.05.2022 German Federal Ministry of Health funded the clinical trial	f	German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen. up to 4400 \in per patient treated within the first part of the trial 2000 \in set up fee for initiation of the trial up to 885 \in per patient in the follow up period All paid to participating institution [not to the investigator]
		Time frame: past 30	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: None Image: None		

		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)
3	Royalties or licenses	⊠ 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	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
1	Stock or stock options	⊠ None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
1 3	Other financial or non-financial interests	None	
Ple	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/15/2022	
Your Name:	Prof. Dr. Peter Rosenberger	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Time frame: past 36	months	5		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				

		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)
3	Royalties or licenses	⊠ 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	

		Name all entities with who this relationship or indicat rows as needed)		ications/Comments (e.g., if payments were to you or to your institution)
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1 1	Stock or stock options	None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	 ☑ None □ □ 		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2022 Dr. Jan Kruse	
Your Name:		
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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3	Royalties or licenses	⊠ 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	

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1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1	Stock or stock options	⊠ None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	⊠ None		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2022
Your Name:	PD Dr. Jörg Krebs
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			

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3	Royalties or licenses	⊠ 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	

		Name all entities with who this relationship or indicat rows as needed)		ications/Comments (e.g., if payments were to you or to your institution)
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1 1	Stock or stock options	None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	 ☑ None □ □ 		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date: 9/15/2022		
Your Name:	Dr. Julian Knörlein One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Title:		
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Com nade to you or to y	nents (e.g., if payments were our institution)
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		Time frame: past 36 r	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		

		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)
3	Royalties or licenses	☑ 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	

			ties with whom you have nip or indicate none (add ed)		cations/Comments (e.g., if payments were to you or to your institution)
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None			
1 1	Stock or stock options	⊠ None			
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None			
1 3	Other financial or non-financial interests	⊠ None			
Ple	Please place an "X" next to the following statement to indicate your agreement:				

⊠ form.

Date:	9/15/2022	
Your Name:	Prof. Dr. Beate Grüner	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Time frame: past 36	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None		

		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)
3	Royalties or licenses	⊠ 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	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1 1	Stock or stock options	⊠ None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	⊠ 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.

Date:	9/15/2022	
Your Name:	Prof. Dr. Martin Bentz	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)		ications/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial pl	anning o	f 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 General funding started in 01.04.2020 and 31.05.2022 German Federal Ministry Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 4400 € per patient treated within the fir part of the trial 2000 € set up fee for initiation of the trial up to 885 € per patient in the follow up perior All paid to participating institution [not to the investigator]
		Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None		

		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)
3	Royalties or licenses	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	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1 1	Stock or stock options	⊠ None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	⊠ 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			

 \boxtimes form.

Date:	9/15/2022			
Your Name:	Prof. Dr. Bernd Jahrsdörfer			
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients			
Manuscript Number (if known):	163657-JCI-CMED-RV-2			

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	ications/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial pla	nning 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 General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded t clinical trial. Expense reimbursement for pat treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hess up to 630 € per enrolled donor including firs plasmapheresis, 420 € per subsequent plasr donation up to 310 € per donor in the follow up perio
		Time for most 20 -		All paid to participating institution [not to th investigator]
		Time frame: past 36 r	nontns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		

		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)
3	Royalties or licenses	⊠ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, 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	

		this r	e all entities with whom you have elationship or indicate none (add as needed)		cations/Comments (e.g., if payments were to you or to your institution)
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		
Plea	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.				

Date:	9/15/2022
Your Name:	Dr. Dzenan Kilalic
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)		ications/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial pl	anning o	f 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 General funding started in 01.04.2020 and 31.05.2022 German Federal Ministry of Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patie treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hesse up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasm donation up to 310 € per donor in the follow up period (bath paid to participating institution [not to t investigator])
		Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		

		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)
3	Royalties or licenses	☑ 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	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None			
1 1	Stock or stock options	None			
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None			
1 3	Other financial or non-financial interests	⊠ 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.

Date:	9/15/2022
Your Name:	Prof. Dr. Ramin Lotfi
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	ications/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial p	anning	of the work
1	All support for the present	D None		
	manuscript (e.g., funding, provision of study	General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for donor treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen.
	materials, medical writing, article			up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasma donation
	processing charges, etc.) No time limit for this item.			up to 310 € per donor in the follow up period All paid to participating institution [not to the investigator]
		Time frame: past 36	month	S
2	Grants or contracts	⊠ None		
	from any entity (if not			
	indicated in item #1 above).			

		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)
3	Royalties or licenses	⊠ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentatio ns, 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	Participatio n on a Data Safety Monitoring Board or Advisory Board	None	

		this r	e all entities with whom you have relationship or indicate none (add as needed)		cations/Comments (e.g., if payments were to you or to your institution)
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		
Pleas	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 I certify that I have answered every question and have not altered the wording of any of the questions on this I certify that I have answered every question and have not altered the wording of any of the questions on this				

Date:	9/15/2022 Prof. Dr. Michael Schmidt	
Your Name:		
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	ications/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial pl	anning o	of the work
1	All support for the present	D None		
	manuscript (e.g., funding, provision of study	General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry of Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial.
	materials, medical writing, article processing charges, etc.)			3.555.082 € (paid to participating institution [not to the investigator])
	No time limit for this item.			
		Time frame: past 36	months	5
2	Grants or contracts	⊠ None		
	from any entity (if not			
	indicated in			
	item #1 above).			•

		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)
3	Royalties or licenses	☑ 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 SARS mini pool NAT testing method	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1	Stock or stock options	⊠ None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	None		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2022	
Your Name:	Dr. Markus Rojewski	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		this r	e all entities with whom you have elationship or indicate none (add as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial pla	lanning 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.	X	None	
			Time frame: past 36	5 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

		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)
3	Royalties or licenses	☑ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, 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	

		this ı	e all entities with whom you have relationship or indicate none (add as needed)		cations/Comments (e.g., if payments were to you or to your institution)
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		
Plea	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.				

Date:	9/15/2022	
Your Name:	Dr. Alexandra Ulrich One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Title:		
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	cations/Comments (e.g., if payments were to you or to your institution)
		Time frame: Since the initial p	anning o	f 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 General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasma donation up to 310 € per donor in the follow up period All paid to participating institution [not to the investigator]
		Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None		

		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)
3	Royalties or licenses	⊠ 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 ☑	

		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 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1	Stock or stock options	⊠ None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
1 3	Other financial or non-financial interests	None		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2022	
Your Name:	Prof. Dr. Patrick Wuchter	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	cations/Comments (e.g., if payments were 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	□ None General funding started in 01.04.2020 and 6 31.05.2022 German Federal Ministry of Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasma donation up to 310 € per donor in the follow up period All paid to participating institution [not to the investigator]	
	for this item.				
		Time frame: past 36	months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			

		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)
3	Royalties or licenses	⊠ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, 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	Image: None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	

		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)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2022	
Your Name:	Prof. Dr. Rainer Blasczyk	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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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.

		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 pla	anning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical	 None General funding started in 01.04.2020 and er 31.05.2022 German Federal Ministry of Health funded the clinical trial 	up to 630 € per enrolled donor including first
	writing, article processing charges, etc.) No time limit for this item.		plasmapheresis, 420 € per subsequent plasma donationup to 310 € per donor in the follow up periodAll paid to participating institution [not to the investigator]
		Time frame: past 36	months
2	Grants or contracts	□ None	
	from any entity (if not	German Federal Ministry of Health	Funding of clinical trial on convalescent plasma; payment made to institution
	indicated in item #1 above).	European Union	Funding for infrastructure to produce convalescent plasma: payment made to institution

Name all entities with whom you have this relationship or indicate none (add rows as needed)Specifications/Comments (e.g., if payments with made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)	
3	Royalties or licenses	⊠ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, 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	Image: None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	

		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)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2022	
Your Name:	Prof. Dr. Harald Klüter	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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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 General funding started in 01.04.2020 and 0 31.05.2022 German Federal Ministry of Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasma donation up to 310 € per donor in the follow up period All paid to participating institution [not to the investigator]	
		Time frame: past 36	months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			

		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)
3	Royalties or licenses	⊠ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentation s, 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	

		this r	e all entities with whom you have relationship or indicate none (add as needed)		cations/Comments (e.g., if payments were to you or to your institution)
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		
Plea	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.				

Date:	9/15/2022	
Your Name:	PD Dr. Jan Pilch	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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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.

		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 pla	anning of the work
 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) 		None General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial	
	for this item.	Time frame: past 36	months
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6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participatio n on a Data Safety Monitoring Board or Advisory Board	None	

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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		
Pleas	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 I certify that I have answered every question and have not altered the wording of any of the questions on this I certify that I have answered every question and have not altered the wording of any of the questions on this				

Date:	9/15/2022	
Your Name:	Dr. Joachim Schwäble	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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6	Payment for expert testimony	☑ None		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	⊠ None		
9	Participatio n on a Data Safety Monitoring Board or Advisory Board	⊠ None		

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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		
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Date:	9/15/2022	
Your Name:	Prof. Dr. Torsten Tonn	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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	for this item.	Time frame: past 36	omonths
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6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participatio n on a Data Safety Monitoring Board or Advisory Board	None	

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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		
Pleas	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 I certify that I have answered every question and have not altered the wording of any of the questions on this I certify that I have answered every question and have not altered the wording of any of the questions on this				

Date:	9/15/2022		
Your Name:	Dr. Rebecca Müller One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients		
Manuscript Title:			
Manuscript Number (if known):	163657-JCI-CMED-RV-2		

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		Time frame: Since the initial p	lanning o	of the work
1	All support for the present	D None		
	manuscript (e.g., funding, provision of study	General funding started in 01.04.2020 and 0 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen
	materials, medical writing, article			up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasma donation
	processing charges, etc.) No time limit for this item.			up to 310 € per donor in the follow up period All paid to participating institution [not to the investigator]
Time frame: past 36 months				S
2	Grants or contracts	⊠ None		
	from any entity (if not			
	indicated in item #1 above).			

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3	Royalties or licenses	⊠ None	
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentatio ns, 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	Participatio n on a Data Safety Monitoring Board or Advisory Board	None	

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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		
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Date:	9/15/2022
Your Name:	Dr. Thomas Burkhardt
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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		Time frame: Since the initial pl	anning c	of the work
1	All support for the present	D None		
	manuscript (e.g., funding, provision of study	General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patient treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen
	materials, medical writing, article processing			up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasma donation
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		Time frame: past 36	months	
2	Grants or contracts	⊠ None		
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6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	☑ None	
9	Participatio n on a Data Safety Monitoring Board or Advisory Board	None	

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Date:	9/15/2022		
Your Name:	Prof. Dr. Tamam Bakchoul One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients		
Manuscript Title:			
Manuscript Number (if known):	163657-JCI-CMED-RV-2		

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 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit 		None General funding started in 01.04.2020 and 0 31.05.2022 German Federal Ministry of Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen up to 630 € per enrolled donor including first plasmapheresis, 420 € per subsequent plasma donation up to 310 € per donor in the follow up period All paid to participating institution [not to the investigator]
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7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participatio n on a Data Safety Monitoring Board or Advisory Board	None	

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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		
Pleas	-		o the following statement to indicate years answered every question and have not a	_	eement: he wording of any of the questions on this

Date:	9/15/2022
Your Name:	Victor M. Corman
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients
Manuscript Number (if known):	163657-JCI-CMED-RV-2

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	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: None		

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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentatio ns, 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 VMC are named together with Charite Universitaetsmedizin Berlin and Euroimmun Medizinische Labordiagnostika AG on a patent application (EP3715847) flied regarding the diagnostic of SARS-CoV-2 by antibody testing.	
9	Participatio n on a Data Safety Monitoring	[⊠] None	

		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)	
	Board or Advisory Board			
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		
Pleas	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.			

Date:	9/15/2022	
Your Name:	Dr. Gerlinde Schmidtke-Schrezenmeier	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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	Time frame: past 36 months			months
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None	
9	Participatio n on a Data Safety Monitoring Board or Advisory Board	⊠ None	

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Date:	9/15/2022	
Your Name:	Prof. Benjamin Mayer	
Manuscript Title:	One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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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.	None General funding started in 01.04.2020 and e 31.05.2022 German Federal Ministry o Health funded the clinical trial Biometrical Data Evaluation and Report		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patie treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hesse 12.600€ (Prof. Dr. B. Mayer, University of Ulm
		Time frame: past 36	months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None ☑		

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1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
1	Stock or stock options	⊠ None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
1 3	Other financial or non-financial interests	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			

 \boxtimes form.

Date:	9/15/2022 Philipp Schnecko One-year follow-up of the CAPSID randomized trial for high-dose convalescent plasma in severe COVID-19 patients	
Your Name:		
Manuscript Title:		
Manuscript Number (if known):	163657-JCI-CMED-RV-2	

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 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.

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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.	Image: None General funding started in 01.04.2020 and ended 31.05.2022 German Federal Ministry of Health funded the clinical trial		German Federal Ministry of Health funded the clinical trial. Expense reimbursement for patien treatment paid by the sponsor DRK Blutspendedienst Baden-Württemberg Hessen The sponsor payed the CRO Alcedis Employed at ALCEDIS]		
Tim		Time frame: past 36	months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Philipp Schnecko is an employee of Alcedis of a CRO with contracts to various pharmaceur companies.				

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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	

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