

ICMJE DISCLOSURE FORM

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.

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		Work Package leader. Funding is paid to the institution.	
		Funding from the Ministry for Science, Research and Arts of Baden-Württemberg, Germany for analysis of immune response in COVID-19 convalescent individuals. Funding is to the institution.	
		The CAPSID trail has not been funded by these two grants but only by the German Federal Ministry of Health - see above #1	
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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Date: 9/15/2022

Your Name: Prof. Dr. 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

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1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Co-Chair to the Working party on Preparative and Therapeutic Apheresis of the DGTI (German Society of Transfusion Medicine and Immunohematology)	unpaid
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Your Name: Dr. Thomas Appl

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Your Name: Prof. Dr. Dr. Matthias Dollinger

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 383 1509 488"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1509 734"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="437 853 1509 958"> <tr><td>Falk</td><td>Lectures</td></tr> <tr><td>Takeda</td><td>Lectures</td></tr> <tr><td>Sanofi</td><td>Lectures</td></tr> </table>	Falk	Lectures	Takeda	Lectures	Sanofi	Lectures
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Editor for "Zeitschrift für Gastroenterologie"	
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: 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

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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1011 734"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1637 1011 1742"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="435 916 1013 1021"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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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: 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

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1850 1011 1955"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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ICMJE DISCLOSURE 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.

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		European Union Horizon 2020	Envision

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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ESRA	ESRA (European Society of Regional Anesthesia and Pain Medicine): German Board Member (unpaid)
		DGAI	DGAI (Dt. Gesellschaft f. Anästhesie & Intensivtherapie, German Society of Anesthesia & Intensive Care Medicine), Vice-Speaker of the Working Group on „Regional Anesthesia“(unpaid)
1 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	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: 9/15/2022

Your Name: PD Dr. Thomas Thiele

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.

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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 9/15/2022

Your Name: Dr. Jan Kruse

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1538 734"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1424 1538 1529"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1872 1538 1977"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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1 1	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="435 701 1541 801"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="435 918 1541 1019"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="435 1198 1541 1299"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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: 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

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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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:

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ICMJE DISCLOSURE FORM

Date: 9/15/2022

Your Name: Dr. Julian Knörlein

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.

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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1637 1011 1742"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1861 1011 1966"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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: 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

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1011 734"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 853 1011 958"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 696 1015 801"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 916 1015 1021"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1198 1015 1303"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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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: 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

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1519 763"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 853 1519 965"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1200 1519 1312"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1424 1519 1536"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1637 1519 1749"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1861 1519 1973"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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1 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE 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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 855 1541 958"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1482 1541 1585"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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ICMJE DISCLOSURE FORM

Date: 9/15/2022

Your Name: Prof. Dr. Michael Schmidt

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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ICMJE DISCLOSURE FORM

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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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: 9/15/2022

Your Name: Dr. Alexandra Ulrich

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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ICMJE DISCLOSURE FORM

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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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

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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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1011 734"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 853 1011 958"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1200 1011 1305"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1413 1011 1518"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1637 1011 1742"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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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: 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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ICMJE DISCLOSURE FORM

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

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1263 1522 1366"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1487 1522 1590"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 9/15/2022

Your Name: Dr. Rebecca Müller

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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ICMJE DISCLOSURE FORM

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>								

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 385 1541 488"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 631 1541 734"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 855 1541 958"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1258 1541 1361"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1482 1541 1585"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1706 1541 1809"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1930 1541 2033"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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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: 9/15/2022

Your Name: Prof. Dr. Tamam Bakchoul

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

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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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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: 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												
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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 type="checkbox"/> None	
		VMC are named together with Charite Universitaetsmedizin Berlin and Euroimmun Medizinische Labordiagnostika AG on a patent application (EP3715847) filed regarding the diagnostic of SARS-CoV-2 by antibody testing.	
9	Participation on a Data Safety Monitoring	<input checked="" type="checkbox"/> 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	<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: 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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1522 734"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 853 1522 958"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1261 1522 1366"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1485 1522 1590"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1709 1522 1814"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1933 1522 2038"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1413 1011 1518"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1637 1011 1742"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1861 1011 1966"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 9/15/2022

Your Name: Philipp Schnecko

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.

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			The sponsor payed the CRO Alcedis
			Employed at ALCEDIS
]
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Philipp Schnecko is an employee of Alcedis GmbH a CRO with contracts to various pharmaceutical companies.	

	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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 383 1011 488"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1011 734"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 853 1011 958"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1200 1011 1305"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1413 1011 1518"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1637 1011 1742"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1861 1011 1966"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

		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	<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.