

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Nicholas

2. Surname (Last Name)

Rafaels

3. Date

13-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Mr. Rafaels has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Terri

2. Surname (Last Name)  
Beaty

3. Date  
23-February-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Heart Lung & Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPDGene is supported by NHLBI

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Dr. Beaty reports grants from National Heart Lung & Blood Institute, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Hendrika Marian

2. Surname (Last Name)

Boezen

3. Date

27-February-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

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Dr. H.M. Boezen PhD has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yohan

2. Surname (Last Name)

Bossé

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Dr. Bossé has nothing to disclose.

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1. Given Name (First Name)  
Stephen

2. Surname (Last Name)  
Burgess

3. Date  
24-February-2017

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☐ Yes ☒ No

Corresponding Author's Name  
Ma'en Obeidat

5. Manuscript Title

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Dr. Burgess has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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#### Definitions.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael
2. Surname (Last Name)  
Cho
3. Date  
23-February-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization
6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5.

#### Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cho reports grants from NIH, grants from GSK, during the conduct of the study; .

### Evaluation and Feedback

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# ICMJE

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MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Nick

2. Surname (Last Name)  
Fishbane

3. Date  
12-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Fishbane has nothing to disclose.

### Evaluation and Feedback

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MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

GUOHAI

2. Surname (Last Name)

ZHOU

3. Date

28-February-2017

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes☒ No

### Section 3.

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Are there any relevant conflicts of interest?

☐ Yes☒ No

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes☒ No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. ZHOU has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Nadia
2. Surname (Last Name)  
Hansel
3. Date  
24-February-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant, Advisory Board
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant, Advisory Board

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hansel reports grants and personal fees from AstraZeneca, grants and personal fees from GSK, outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Hobbs

3. Date  
23-February-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hobbs has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rayjean

2. Surname (Last Name)  
Hung

3. Date  
24-February-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Dr. Hung has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Philippe

2. Surname (Last Name)

Joubert

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ma'en Obeidat

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Dr. Joubert has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kathleen	2. Surname (Last Name) Barnes	3. Date 25-February-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ma'en Obeidat
5. Manuscript Title Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Up-To-Date	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Barnes reports grants from NIH, during the conduct of the study; personal fees from Up-To-Date, outside the submitted work; .

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# ICMJE

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

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Ke

2. Surname (Last Name)

Hao

3. Date

13-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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☐ Yes

☒ No

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#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Kim
2. Surname (Last Name)  
de Jong
3. Date  
24-February-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
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Dr. de Jong has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Xuan
2. Surname (Last Name)  
Li
3. Date  
23-February-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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### Section 6. Disclosure Statement

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Li has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rasika
2. Surname (Last Name)  
Mathias
3. Date  
17-March-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization
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Dr. Mathias has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Maarten
2. Surname (Last Name)  
van den Berge
3. Date  
24-February-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GSK, Chiesi, TEVA, Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. van den Berge reports research grants to University from GSK, Chiesi, TEVA, Astra Zeneca, outside the submitted work .

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# ICMJE

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

David

2. Surname (Last Name)

Nickle

3. Date

13-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ma'en Obeidat

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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Are there any relevant conflicts of interest?

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☒ No

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#### Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No



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Dr. Nickle is employed by for Merck Research Labs.

### Evaluation and Feedback

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MEDICAL JOURNAL EDITORS

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#### Identifying Information

1. Given Name (First Name)

Ma'en

2. Surname (Last Name)

Obeidat

3. Date

23-February-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Dr. Obeidat has nothing to disclose.

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Peter

2. Surname (Last Name)

Pare

3. Date

24-February-2017

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☐ Yes

☒ No

Corresponding Author's Name

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Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Pare has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ingo
2. Surname (Last Name)  
Ruczinski
3. Date  
27-February-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No





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### Section 5.

#### Relationships not covered above

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### Section 6.

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Dr. Ruczinski has nothing to disclose.

### Evaluation and Feedback

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Wim
2. Surname (Last Name)  
Timens
3. Date  
24-February-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Ma'en Obeidat
5. Manuscript Title  
Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization
6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	non-restricted grant to Institution

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy, fee to institution
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture, fee to institution
Chiesi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture, fee to institution



## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche Diagnostics / Ventana	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture, consultancy, fee to institution, travel costs
Dutch Asthma Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant
Biotest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fee to institution, travel costs
Merck Sharp Dohme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy, course, fee to institution
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture/course, consultancy, fee to institution
Lilly Oncology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture/course, fee to institution
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture, fee to institution

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

### Section 5. Relationships not covered above

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Timens reports grants from Merck, related to the study; fees to Institution from Pfizer, from GSK, from Chiesi, from Roche Diagnostics / Ventana, grants from Dutch Asthma Fund, from Biotest, fees from Merck Sharp Dohme, from Novartis, from Lilly Oncology, from Boehringer Ingelheim, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Don
2. Surname (Last Name)  
Sin
3. Date  
17-March-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Dr. Maen Obeidat
5. Manuscript Title  
Surfactant Protein D is a Causal Risk Factor for Chronic Obstructive Pulmonary Disease: Results of Mendelian Randomization
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for speaking engagements in 2013-17
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for speaking engagements in 2012
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funding for telehealth initiative in COPD
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funding for telehealth initiative in COPD
Almirall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for attending an international advisory board on COPD in 2013 and 2014

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for consultancy on COPD program in 2014
Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium in 2017 for consultancy
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium in 2017 for consultancy
AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated study on evaluation of lung microbiome in COPD
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated study on using genomics to identify novel targets for drug discovery in COPD
BI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated study to understand the potential anti-inflammatory effects of olodaterol
BI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for speaking engagements

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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### Section 6.

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Dr. Sin reports personal fees from AstraZeneca, personal fees from Takeda, grants from Boehringer Ingelheim, grants from Novartis, personal fees from Almirall, personal fees from Amgen, personal fees from Regeneron, personal fees from Sanofi, grants from AstraZeneca, grants from Merck, grants from BI, grants from BI, outside the submitted work; .

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