

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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) Aloysius	2. Surname (Last Name) Cheung	3. Date 28-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chung-Wai CHOW
5. Manuscript Title Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection		
6. Manuscript Identifying Number (if you know it) Blue-201908-1539OC.R1		

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Dr. Cheung 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)
John

2. Surname (Last Name)
Matelski

3. Date
28-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Elizabeth Cho

5. Manuscript Title
Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection

6. Manuscript Identifying Number (if you know it)
Blue-201908-15390C.R2

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Are there any relevant conflicts of interest? Yes No

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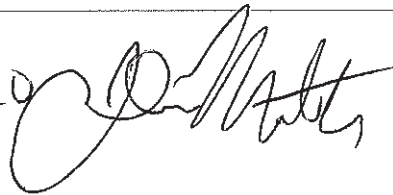
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Mr. Matelski has nothing to disclose.

1/28/2020 

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Nadj

3. Date
28-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Chung-Wai CHOW

5. Manuscript Title
Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection

6. Manuscript Identifying Number (if you know it)
Blue-201908-1539OC.R1

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Mr. Nadj 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)
Chung-Wai

2. Surname (Last Name)
Chow

3. Date
27-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection

6. Manuscript Identifying Number (if you know it)
Blue-201908-1539OC.R1

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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

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
machine learning for interpretation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Chow reports no conflict of interest. In addition, Dr. Chow has a patent, machine learning for interpretation of oscillometry pending.

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Daniella

2. Surname (Last Name)
Birriel

3. Date
28-January-2020

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Yes No

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Chung-Wai CHOW

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Dr. Cypel 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) Elizabeth	2. Surname (Last Name) Cho	3. Date 28-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chung-Wai CHOW
5. Manuscript Title Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection		
6. Manuscript Identifying Number (if you know it) Blue-201908-1539OC.R1		

Section 2. The Work Under Consideration for Publication

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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

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. Cho 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) Emily	2. Surname (Last Name) DeHaas	3. Date 27-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chung-Wai CHOW
5. Manuscript Title Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection		
6. Manuscript Identifying Number (if you know it) Blue-201908-1539OC.R1		

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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

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Dr. DeHaas 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)

Jussi

2. Surname (Last Name)

Tikkanen

3. Date

28-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chung-Wai Chow

5. Manuscript Title

Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection

6. Manuscript Identifying Number (if you know it)

Blue-201908-1539OC.R1

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Dr. Tikkanen 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)
Joyce Ka Yan

2. Surname (Last Name)
Wu

3. Date
27-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Chung-Wai CHOW

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Ms. Wu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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Kelsey

2. Surname (Last Name)
Yang

3. Date
27-January-2020

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Yes No

Corresponding Author's Name
Chung-Wai CHOW

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lauren

2. Surname (Last Name)
Day

3. Date
28-January-2020

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Corresponding Author's Name
Chung-Wai CHOW

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lindsay

2. Surname (Last Name)
Woo

3. Date
27-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Chung-Wai CHOW

5. Manuscript Title
Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection

6. Manuscript Identifying Number (if you know it)
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Dr. Woo has nothing to disclose.

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1. Given Name (First Name)
Tong

2. Surname (Last Name)
Xu

3. Date
27-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection

6. Manuscript Identifying Number (if you know it)

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Qian Wen

2. Surname (Last Name)
Huang

3. Date
27-January-2020

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Corresponding Author's Name
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1. Given Name (First Name)
Clodagh

2. Surname (Last Name)
Ryan

3. Date
28-January-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Chung-Wai CHOW

5. Manuscript Title
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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
Ontario Thoracic Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physicians Service Incorporated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canadian Institute of Health Research (CIHR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breso-Tec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator for study

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Dr. Ryan reports grants from Ontario Thoracic Society, grants from Physicians Service Incorporated, grants from Canadian Institute of Health Research (CIHR), personal fees from Bresco-Tec, 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) Qian Wen	2. Surname (Last Name) Huang	3. Date 10-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chung-Wai Chow
5. Manuscript Title Airway Oscillometry Detects Spirometric-Silent Episodes of Acute Cellular Rejection		
6. Manuscript Identifying Number (if you know it) Blue-201908-1539OC.R2		

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