

ICMJE DISCLOSURE FORM

Date: 02.02.2022

Your Name: Franziska Trudzinski

Manuscript Title: Effects of influenza vaccination in patients with interstitial lung diseases: an epidemiological claims data analysis

Manuscript number (if known): White-202112-1359OC

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div>None</div> <div>Stiftung Oskar-Helene-Heim</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Funding of the project</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div><u> X </u> None</div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
3	Royalties or licenses	<div><u> X </u> None</div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
4	Consulting fees	<div><u> X </u> None</div> <div></div>	<div></div> <div></div>

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

Please place an “X” next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 03. Feb 2022

Your Name: Larissa Schwarzkopf

Manuscript Title: Effects of influenza vaccination in patients with interstitial lung diseases: an epidemiological claims data analysis

Manuscript number (if known): White-202112-1359OC

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Time frame: past 36 months			
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4	Consulting fees	<div>___ None</div>	<div></div>

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

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ICMJE DISCLOSURE FORM

Date: 10. Feb 2022

Your Name: Lars Schwettmann

Manuscript Title: Effects of influenza vaccination in patients with interstitial lung diseases: an epidemiological claims data analysis

Manuscript number (if known): White-202112-1359OC

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

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

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ICMJE DISCLOSURE FORM

Date: 2 Feb 2022

Your Name: Michael Kreuter

Manuscript Title: Effects of influenza vaccination in patients with interstitial lung diseases: an epidemiological claims data analysis

Manuscript number (if known): White-202112-1359OC

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Time frame: past 36 months			
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		Boehringer, Roche, Galapagos	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
		Boehringer, Roche, Galapagos	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
		ERS, DGP	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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ICMJE DISCLOSURE FORM

Date: 02. Feb 2022

Your Name: Pavo Marijic

Manuscript Title: Effects of influenza vaccination in patients with interstitial lung diseases: an epidemiological claims data analysis

Manuscript number (if known): White-202112-1359OC

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ICMJE DISCLOSURE FORM

Date: 04. Feb 2022

Your Name: Werner Maier

Manuscript Title: Effects of influenza vaccination in patients with interstitial lung diseases: an epidemiological claims data analysis

Manuscript number (if known): White-202112-1359OC

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