

ICMJE DISCLOSURE FORM

Date: 12/24/2022

Your Name: Angela Detweiler

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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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Date: 1/3/2023

Your Name: Amy Lyden

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-RV-2

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Date: 1/3/2023

Your Name: Aline Maddux

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-RV-2

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Date: 12/26/2022

Your Name: Alexandra Tsitsiklis

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 1/3/2023

Your Name: Brandie Wagner

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-RV-2

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Date: 1/3/2023

Your Name: Charles R. Langelier

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial 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.	<input type="checkbox"/> None <table border="1"> <tr> <td>NHLBI, Chan Zuckerberg Biohub</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	NHLBI, Chan Zuckerberg Biohub					Click the tab key to add additional rows.
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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>Please see above</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Please see above					
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3	Royalties or licenses	<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>						

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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td> Listed as an inventor on a patent application (63/381,156) related to the diagnosis of lower respiratory tract infections filed by the University of California, San Francisco and the Chan Zuckerberg Biohub. Listed as an inventor on a patent application (63/342,528) related to sepsis diagnosis using metagenomics. Listed as an inventor on a patent application (63/218,870) related to host-based diagnosis of COVID-19. </td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Listed as an inventor on a patent application (63/381,156) related to the diagnosis of lower respiratory tract infections filed by the University of California, San Francisco and the Chan Zuckerberg Biohub. Listed as an inventor on a patent application (63/342,528) related to sepsis diagnosis using metagenomics. Listed as an inventor on a patent application (63/218,870) related to host-based diagnosis of COVID-19.							
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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>							
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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>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 1/3/2023

Your Name: Christina M Osborne

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 1/3/2023

Your Name: Eran Mick

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE FORM

Date: 23th Dec 2022

Your Name: Eric A. F. Simões

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript number (if known):_ 165904-JCI-CMED-RV-2

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra Zeneca Inc	To Institution
		Merck & Co.	To Institution
		Pfizer Inc	To Institution
		Roche Pharmaceuticals	To Institution
		Johnson and Johnson	To Institution
3	Royalties or licenses	None	
4	Consulting fees	Merck & Co.	To Institution
		Pfizer Inc	To Institution
		sanofi pasteur	To Institution
		Cidara Therapeutics	To Institution
		Adiogo Therapeutics	To Institution
		Nuance Pharmaceuticals	To Institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pfizer Inc	
		Astra Zeneca	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Astra Zeneca	To Institution
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Abbvie Inc	To Institution
		GlaxoSmithKline plc	To Institution
		Bill and Melinda Gates Foundation	To Institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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: 1/4/2023

Your Name: Joseph DeRisi

Manuscript Title: Lower airway metagenomics enables accurate respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-1

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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		Health Company, Inc, and a scientific advisor to Allen & Co.	
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: 12/29/2022

Your Name: Jack Kamm

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-RV-2

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3	<div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div> <div></div> <div></div> <div></div> </div>

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4	Consulting fees	<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> <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: 1/3/2023

Your Name: Katrina Kalantar

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 1/4/2023

Your Name: Kayla Williamson

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 12/26/2022

Your Name: Lilliam Ambroggio

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 1/3/2023

Your Name: Matthew Leroue

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 1/3/2023

Your Name: Michelle Tan

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-RV-2

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

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ICMJE DISCLOSURE FORM

Date: 12/29/2022

Your Name: Norma Neff

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 12/26/2022

Your Name: Peter Mourani

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 1/3/2023

Your Name: Saharai Caldera

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 12/23/2022

Your Name: Todd Carpenter

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-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: 1/1/2023

Your Name: Victoria Soesanto

Manuscript Title: Integrated host/microbe metagenomics enables accurate lower respiratory tract infection diagnosis in critically ill children

Manuscript Number (if known): 165904-JCI-CMED-RV-2

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Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<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> <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"> <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"> <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"> <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"> <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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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>									

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <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="386 476 1516 577"> <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="386 690 1516 791"> <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.