

ICMJE DISCLOSURE FORM

Date: 16-10-2023

Your Name: Jean-Pierre Gangneux

Manuscript Title: **Fungal Fog in Viral Storms:**

Necessity for Rigor in Aspergillosis Diagnosis and Research

Manuscript number (if known): _____

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**.

The author’s relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.	/	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	French Ministry of Health (PHRC national ECENVIR)	Research grants
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead, Pfizer, MundiPharma and Shionogi	Lectures
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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.

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Date: 16-10-2023

Your Name: Joost Wauters

Manuscript Title: **Fungal Fog in Viral Storms:**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	MSD, Gilead, Pfizer	
		Pfizer	Institutional research fund (IRF) and investigator-initiated grant
		European Union’s Horizon 2020 research and innovation program under	

		grant agreement no 847507 HDM-FUN	
		FWO project funding under Grant G053121N	
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	MSD, Pfizer, Gilead	Speaker fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	MSD, Pfizer, Gilead	Travel grants
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Pfizer, Gilead	Advisory boards
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	MSD	Posaconazole for interventional trial
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 16-10-2023

Your Name: Martin Hoenigl

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___x	Astellas, Gilead, MSD, Pfizer, Euroimmun, IMMY, Mundipharma, F2G, Pulmocide, Scynexis,
3	Royalties or licenses	__x__ None	

4	Consulting fees	<input type="checkbox"/> <u> x </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u> x </u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u> x </u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u> x </u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u> x </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u> x </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u> x </u> None	
11	Stock or stock options	<input type="checkbox"/> <u> x </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u> x </u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u> x </u> Research funding	Gilead Sciences, Astellas, Mundipharma, Euroimmune, MSD, Pulmocide, IMMY, Scynexis, F2G and Pfizer

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Date: 16-10-2023

Your Name: Paul E Verweij

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	F2G and Gilead Sciences	research grants
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	Mundipharma, F2G, Gilead Sciences and Pfizer	Speaker fee
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: 16-10-2023

Your Name: Simon Feys

Manuscript Title: **Fungal Fog in Viral Storms:**

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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.	FWO PhD fellowship (11M6922N & 11M6924N)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	HealthBook Company Ltd.	Speaker fee
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Gilead	Congress attendance
		Pfizer	Congress attendance
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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