

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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### Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Ryan	3. Date 20-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Valley
5. Manuscript Title ICU admission and survival among older patients with chronic obstructive pulmonary disease, heart failure, or myocardial infarction		
6. Manuscript Identifying Number (if you know it) White-201611-847OC.R1		

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Are there any relevant conflicts of interest?  Yes  No

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Colin

2. Surname (Last Name)  
Cooke

3. Date  
20-January-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Thomas Valley

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. 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
Agency for Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Cooke reports a grant from Agency for Healthcare Research and Quality during the conduct of the study; .

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Thomas

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Valley

3. Date  
20-January-2017

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