

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)

Robert

2. Surname (Last Name)

Arnold

3. Date

12/15

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

An Integrated Framework for Effective and Efficient Communication with Families in the Intensive Care Unit

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

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*Board member of VitalTalk,
non-profit that does
commu. work*

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Douglas

2. Surname (Last Name) _____
White

3. Date _____
05-December-2016

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

5. Manuscript Title _____
An Integrated Framework for Effective and Efficient Communication with Families in the Intensive Care Unit

6. Manuscript Identifying Number (if you know it) _____

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gordon and Betty Moore Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Greenwall Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. White reports grants from NIH, grants and personal fees from Gordon and Betty Moore Foundation, grants and personal fees from Greenwall Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Leslie

2. Surname (Last Name)
Scheunemann

3. Date
06-December-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jennifer Seaman

5. Manuscript Title

An Integrated Framework for Effective and Efficient Communication with Families in the Intensive Care Unit

6. Manuscript Identifying Number (if you know it)

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Dr. Scheunemann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____ Jennifer _____

2. Surname (Last Name) _____ Seaman _____

3. Date _____ 05-December-2016 _____

4. Are you the corresponding author? Yes No

5. Manuscript Title
An Integrated Framework for Effective and Efficient Communication with Families in the Intensive Care Unit _____

6. Manuscript Identifying Number (if you know it)

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National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH T-32 Postdoctoral Support

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