

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.

Identifying information.

2. The work under consideration for publication.

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Panitch 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Howard	rst Name)	2. Surname (Last Name) Panitch	3. Date 14-Decemb	per-2016
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Jeffrey Edwards	
5. Manuscript Title Decisions around		for children: Perspectives	of directors of pediatric home ventilation	on programs
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	ation	
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 Ves				
Section 3.	Relevant financial	activities outside the	ubmitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (re e one line for each entity; add as many l e present during the 36 months prior	lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copyri	ıhts	
Do you have any	patents, whether plan	ned, pending or issued, bi	oadly relevant to the work? Yes	✓ No

Panitch 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Consultant to Ph	ilips Respironics regarding the creation of a portable ventilator for mass casualty and home use
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Panitch report and home use.	rts he is a consultant to Philips Respironics regarding the creation of a portable ventilator for mass casualty

Evaluation and Feedback

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Panitch 3



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Edwards 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Jeffrey	2. Surname (Last Name) Edwards	3. Date 14-December-2016
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Decisions around long-term ventilation	n for children: Perspectives of directors of pediatric ho	ome ventilation programs
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
Did you or your institution at any time rece	eive payment or services from a third party (government, co g but not limited to grants, data monitoring board, study d	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 i est? Yes No	add as many lines as you need by
Section 4. Intellectual Proper	why Datants & Consulabts	
intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	☐ Yes ✓ No</th

Edwards 2



Section 5.				
Section 5.	Relationships not covered above			
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):			
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Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Edwards has	nothing to disclose.			

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Nelson 1



Section 1. Identifying Info	rmation		
1. Given Name (First Name) Judith	2. Surname (Last Name) Nelson	3. Date 15-December-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jeffrey Edwards	
5. Manuscript Title Decisions around long-term ventilat	ion for children: Perspectives	of directors of pediatric home ventilation programs	
6. Manuscript Identifying Number (if you	u know it)		
		_	
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Section 3. Relevant finance	al activities outside the	submitted work.	
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Section 4. Intellectual Prop	perty Patents & Copyri	ghts	
Do you have any patents, whether p	anned, pending or issued, br	roadly relevant to the work? Yes V No	

Nelson 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Morris 1



Section 1. Identifying Infor	mation		
1. Given Name (First Name) Marilyn	2. Surname (Last Name) Morris	3. Date 14-December-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jeffrey Edwards	
5. Manuscript Title Decisions around long-term ventilation for children: Perspectives		of directors of pediatric home ventilation programs	
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Do you have any patents, whether pla			

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