

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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)
Sulaiman

2. Surname (Last Name)
Al Maqbali

3. Date
26-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ewan Goligher

5. Manuscript Title
Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

6. Manuscript Identifying Number (if you know it)
White-201712-961OC

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Dr. Al Maqbali has nothing to disclose.

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1. Given Name (First Name)
Umberto

2. Surname (Last Name)
Sabatini

3. Date
26-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ewan Goligher

5. Manuscript Title
Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

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Dr. Sabatini has nothing to disclose.

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1. Given Name (First Name)
Laurent

2. Surname (Last Name)
Brochard

3. Date
26-February-2018

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

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic Covidien	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research on PAV
General Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research on lung volume, ultrasound
Philips	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research on sleep
Fisher Paykel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research on high flow
Air Liquide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research on helium; CPR

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Dr. Brochard reports grants from Medtronic Covidien, non-financial support from General Electric, non-financial support from Philips, grants and non-financial support from Fisher Paykel, grants and non-financial support from Air Liquide, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Dres	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
5. Manuscript Title Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis		
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Dr. Dres has nothing to disclose.

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1. Given Name (First Name) Neill	2. Surname (Last Name) Adhikari	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Bernie

2. Surname (Last Name)

Bissett

3. Date

26-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ewan Goligher

5. Manuscript Title

Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

6. Manuscript Identifying Number (if you know it)

White-201712-961OC

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Bissett has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Debbie	2. Surname (Last Name) Brace	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
5. Manuscript Title Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis		
6. Manuscript Identifying Number (if you know it) White-201712-961OC		

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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

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D. Brace has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ewan

2. Surname (Last Name)

Goligher

3. Date

26-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ewan Goligher

5. Manuscript Title

Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

6. Manuscript Identifying Number (if you know it)

White-201712-961OC

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Goligher has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Frank

2. Surname (Last Name)
van Haren

3. Date
02-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ewan Goligher

5. Manuscript Title

Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

6. Manuscript Identifying Number (if you know it)

White-201712-961OC

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Dr. van Haren has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Niall	2. Surname (Last Name) Ferguson	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
5. Manuscript Title Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis		
6. Manuscript Identifying Number (if you know it) White-201712-961OC		

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Dr. Ferguson has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eddy	2. Surname (Last Name) Fan	3. Date 08-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Fan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Luana	2. Surname (Last Name) Torres Melo	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
5. Manuscript Title Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis		
6. Manuscript Identifying Number (if you know it) White-201712-961OC		

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Margaret

2. Surname (Last Name)
Herridge

3. Date
15-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ewan Goligher

5. Manuscript Title

Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

6. Manuscript Identifying Number (if you know it)

White-201712-9610C

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Section 4. Intellectual Property -- Patents & Copyrights

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Matteo

2. Surname (Last Name)

Parotto

3. Date

26-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ewan Goligher

5. Manuscript Title

Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

6. Manuscript Identifying Number (if you know it)

White-201712-961OC

Section 2. The Work Under Consideration for Publication

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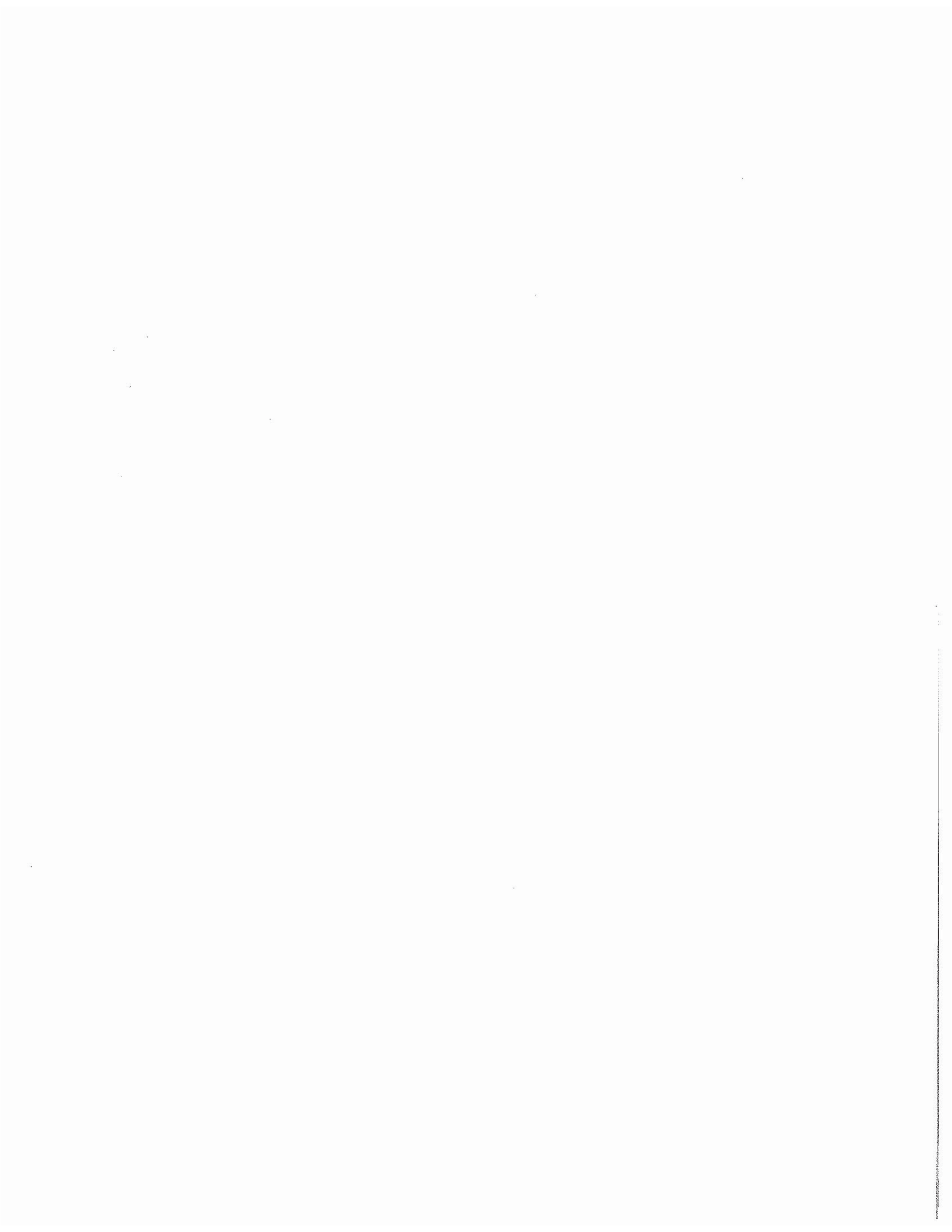
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Section 1. Identifying Information

1. Given Name (First Name)
Cristian

2. Surname (Last Name)
Urrea

3. Date
15-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ewan Goligher

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Urrea has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Stefannie

2. Surname (Last Name)
Vorona

3. Date
26-February-2018

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Yes No

Corresponding Author's Name
Ewan Goligher

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Ms. Vorona has nothing to disclose.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michele	2. Surname (Last Name) Bertoni	3. Date 10-May-1986
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
5. Manuscript Title Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis		
6. Manuscript Identifying Number (if you know it) White-201712-961OC.R1		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bertoni has nothing to disclose.

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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.

1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anatole

2. Surname (Last Name)
Martin

3. Date
26-February-2018

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

5. Manuscript Title
Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis

6. Manuscript Identifying Number (if you know it)
White-201712-9610C

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lungpacer, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have an active consultant agreement with Lungpacer, Inc. concerning the development of a phrenic nerve pacing system to aid in the weaning of patients experiencing difficulty with liberation from mechanical ventilation

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
US 2009/0229611	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	I and several colleagues in conjunction with the University of Florida have received a patent covering the modification of clinical mechanical ventilators to provide inspiratory strength training to aid in patients weaning from mechanical ventilation. The patent is not currently licensed nor are we in active discussions with any commercial entity to license the Intellectual property.

Section 5. 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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I have no other potential conflicts of interest other than the items disclosed above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) W Darlene	2. Surname (Last Name) Reid	3. Date 26-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ewan Goligher
5. Manuscript Title Inspiratory Muscle Rehabilitation in Critically Ill Adults: A Systematic Review & Meta-Analysis		
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Are there any relevant conflicts of interest? Yes No

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