

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Banzett

3. Date  
07-February-2017

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

5. Manuscript Title  
Treatment of Acute Dyspnea with Morphine to Avert Respiratory Failure

6. Manuscript Identifying Number (if you know it)  
White-201611-922CC.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

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/NINR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NR10006,NR12009

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Dr. Banzett reports grants from NIH/NINR, during the conduct of the study; .

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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) Hayes	3. Date 01-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morgan Soffler
5. Manuscript Title Treatment of Acute Dyspnea with Morphine to Avert Respiratory Failure		
6. Manuscript Identifying Number (if you know it) White-201611-922CC		

### 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.)?

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Dr. Hayes 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) Alexandra	2. Surname (Last Name) Rose	3. Date 05-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morgan Soffler
5. Manuscript Title Treatment of Acute Dyspnea with Morphine to Avert Respiratory Failure		
6. Manuscript Identifying Number (if you know it) White-201611-922CC		

### Section 2. The Work Under Consideration for Publication

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Dr. Rose has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) RUBINOW 2. Surname (Last Name) SCHWARTZMAN 3. Date 1/31/17

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Treatment of Acute Dyspnea with Morphine to Avert Respiratory Failure

6. Manuscript Identifying Number (if you know it)  
White-201611-922CC

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Morgan

2. Surname (Last Name)  
Soffler

3. Date  
27-January-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Treatment of Acute Dyspnea with Morphine to Avert Respiratory Failure

6. Manuscript Identifying Number (if you know it)  
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