

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

5/18/18

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

6. Manuscript Identifying Number (if you know it)

White-201803-157SD

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.

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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Section 5. Relationships not covered above

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Evaluation and Feedback

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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)

Wendy

2. Surname (Last Name)

Newdick

3. Date

5/17/18

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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White-201803-157SD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Praewpannarai	2. Surname (Last Name) Buddadhumaruk	3. Date 29-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jennifer B. Seaman
5. Manuscript Title Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs		
6. Manuscript Identifying Number (if you know it) White-201803-157SD		

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Dr. Buddadhumaruk 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) Kristyn	2. Surname (Last Name) Felman	3. Date 17-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jennifer Seaman
5. Manuscript Title Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs		
6. Manuscript Identifying Number (if you know it) White-201803-157SD		

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Ms. Felman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Gustafson

3. Date
29-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Douglas White

5. Manuscript Title
Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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Dr. Gustafson has nothing to disclose.

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1. Given Name (First Name)
Mary Beth

2. Surname (Last Name)
Happ

3. Date
18-May-2018

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Corresponding Author's Name
Douglas White

5. Manuscript Title
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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/NIA grant #1R01AG045176 (White, PI) (Happ, Co-I)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Happ reports grants from NIH/NIA grant #1R01AG045176 (White, PI) (Happ, Co-I), during the conduct of the study .

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Journal Annals of the American Thoracic Society

Manuscript ID Number White-201803-157SD

Manuscript Title Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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C. Seth

2. Surname (Last Name)

Landefeld

3. Date

23-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Douglas White

5. Manuscript Title

Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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Are there any relevant conflicts of interest? Yes No

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Dr. Landefeld has nothing to disclose.

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1. Given Name (First Name)
Charles F.

2. Surname (Last Name)
Reynolds III, MD

3. Date
21-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jennifer Seaman

5. Manuscript Title
Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

6. Manuscript Identifying Number (if you know it)
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6. Manuscript Identifying Number (if you know it)
White-201803-157SD

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Anne-Marie

2. Surname (Last Name)
Shields

3. Date
18-May-2018

4. Are you the corresponding author?

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Corresponding Author's Name
Jennifer Seaman, PhD, RN

5. Manuscript Title
Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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

2. Surname (Last Name)
White

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21-May-2018

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. White reports grants from NIH, outside the submitted work; .

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Derek	2. Surname (Last Name) Angus	3. Date 17-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Douglas White
5. Manuscript Title Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs		
6. Manuscript Identifying Number (if you know it) White-201803-157SD		

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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Angus reports grants from National Institutes of Health, 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)
Chung-Chou

2. Surname (Last Name)
Chang

3. Date
29-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Douglas White

5. Manuscript Title
Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

6. Manuscript Identifying Number (if you know it)
White-201803-157SD

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chang 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) Mi-Kyung	2. Surname (Last Name) Song	3. Date 29-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name D White
5. Manuscript Title Protocol and Fidelity Monitoring Plan for Four Supports...		
6. Manuscript Identifying Number (if you know it) White-201803-157SD		

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

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1. Given Name (First Name)
Suzanne

2. Surname (Last Name)
MacKenzie

3. Date
28-May-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jennifer Burgher Seaman

5. Manuscript Title
Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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Suzanne MacKenzie has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeremy

2. Surname (Last Name)
Kahn

3. Date
29-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Seaman

5. Manuscript Title
Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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Dr. Kahn 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) Jennifer	2. Surname (Last Name) Morse	3. Date 17-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
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Dr. Morse 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)
Jennifer

2. Surname (Last Name)
Seaman

3. Date
02-March-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Douglas B. White, MD MAS

5. Manuscript Title
Protocol and Fidelity Monitoring Plan for a Trial of an Intervention to Support Surrogate Decision Makers in ICUs

6. Manuscript Identifying Number (if you know it)

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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. Seaman has nothing to disclose.

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