

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Rita	2. Surname (Last Name) Bakhru	3. Date 30-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sheetal Gandotra
5. Manuscript Title Physical Function Trajectories in Survivors of Acute Respiratory Failure		
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.)?

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Dr. Bakhru has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Berry	3. Date 29-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sheetal Gandorta
5. Manuscript Title Physical Function Trajectories in Survivors of Acute Respiratory Failure		
6. Manuscript Identifying Number (if you know it) White-201806-375OC		

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1. Given Name (First Name) Douglas	2. Surname (Last Name) Case	3. Date 30-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sheetal Gandotra
5. Manuscript Title Physical Function Trajectories in Survivors of Acute Respiratory Failure		
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Are there any relevant conflicts of interest? Yes No

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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1. Given Name (First Name)
Sheetal

2. Surname (Last Name)
Gandotra

3. Date
06-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Physical Function Trajectories in Survivors of Acute Respiratory Failure

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) peter	2. Surname (Last Name) morris	3. Date 26-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sheetal Gandotra
5. Manuscript Title White-201806-375OC.R1 - Physical Function Trajectories in Survivors of Acute Respiratory Failure		
6. Manuscript Identifying Number (if you know it) 201806-375OC.R1		

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