

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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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Other: Anything not covered under the previous three boxes

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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)
Hannah

2. Surname (Last Name)
Wunsch

3. Date
20-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comparison of Care Patterns and Rehospitalizations for Mechanically Ventilated Patients in New York and Ontario

6. Manuscript Identifying Number (if you know it)
White-201806-393OC.R1

Section 2. The Work Under Consideration for Publication

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

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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Dr. Wunsch reports grants from CIHR, during the conduct of the study; .

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) Robert	2. Surname (Last Name) Fowler	3. Date 15-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hannah Wunsch
5. Manuscript Title Comparison of Care Patterns and Rehospitalizations for Mechanically Ventilated Patients in New York and Ontario		
6. Manuscript Identifying Number (if you know it) White-201806-393OC.R1		

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Dr. Fowler has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Hill	3. Date 15-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hannah Wunsch
5. Manuscript Title Comparison of Care Patterns and Rehospitalizations for Mechanically Ventilated Patients in New York and Ontario		
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Section 1. Identifying Information

1. Given Name (First Name) _____
May

2. Surname (Last Name) _____
Hua

3. Date _____
15-March-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Hannah Wunsch

5. Manuscript Title _____
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White-201806-393OC.R1

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Federation for Aging Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Hua reports grants from National Institute on Aging, grants from American Federation for Aging Research, 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) Damon

2. Surname (Last Name) Scales

3. Date 18-March-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name Hannah Wunsch

5. Manuscript Title Comparison of Care Patterns and Rehospitalizations for Mechanically Ventilated Patients in New York and Ontario

6. Manuscript Identifying Number (if you know it) White-201806-393OC.R1

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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
Canadian Institute for Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operating grants

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. Scales reports grants from Canadian Institute for Health Research, outside the submitted work; .

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