

## 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.

#### 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.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)  
Phillip

2. Surname (Last Name)  
Porte

3. Date  
12-March-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Chris Garvey

5. Manuscript Title  
Healing Pulmonary Rehabilitation in the United States. A Call to Action for ATS Members

6. Manuscript Identifying Number (if you know it)  
2018091711ED

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amer. Ass'n of Cardiovascular & Pulmonary Rehabilitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

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

Mr. Porte reports personal fees from Amer. Ass'n of Cardiovascular & Pulmonary Rehabilitation, from null, outside the submitted work; .

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
chris

2. Surname (Last Name)  
garvey

3. Date  
07-September-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Healing Pulmonary Rehabilitation in the United States.: A Call to Action for ATS Members

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker's bureau

### 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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Dr. garvey reports personal fees from Boehringer Ingelheim, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Richard

2. Surname (Last Name)  
Novitch

3. Date  
10-September-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

Healing Pulmonary Rehabilitation in the United States: A Call to Action for ATS Members'

6. Manuscript Identifying Number (if you know it)

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Dr. Novitch 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) Richard	2. Surname (Last Name) Casaburi	3. Date 07-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chris Garvey
5. Manuscript Title Healing Pulmonary Rehabilitation in the United States: A Call to Action for ATS Members		
6. Manuscript Identifying Number (if you know it)		

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Dr. Casaburi has nothing to disclose.

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