

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

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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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Berlin	3. Date 12-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Holly Prigerson
5. Manuscript Title Underdetection and undertreatment of dyspnea in the intensive care unit		
6. Manuscript Identifying Number (if you know it) Blue-201805-0996OC		

### 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

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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. Berlin 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) Heather      2. Surname (Last Name) Derry      3. Date 12-October-2018

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Holly Prigerson

5. Manuscript Title  
Underdetection and undertreatment of dyspnea in the intensive care unit

6. Manuscript Identifying Number (if you know it)  
Blue-201805-0996OC

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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
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T32 AG049666

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

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My spouse works for Merck Animal Health.

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Dr. Derry reports grants from National Institute on Aging, during the conduct of the study; and that her spouse works for Merck Animal Health.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eliza

2. Surname (Last Name)  
Gentzler

3. Date  
12-October-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Holly Prigerson

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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
American Geriatrics Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Student Training in Aging Research Program

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Ms. Gentzler reports grants from American Geriatrics Society, 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) Lindsay	2. Surname (Last Name) Lief	3. Date 12-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Holly Prigerson
5. Manuscript Title Underdetection and undertreatment of dyspnea in the intensive care unit		
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Dr. Lief has nothing to disclose.

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1. Given Name (First Name) Paul	2. Surname (Last Name) Maciejewski	3. Date 12-October-2018
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Dr. Maciejewski has nothing to disclose.

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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)  
Daniel

2. Surname (Last Name)  
Ouyang

3. Date  
12-October-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Holly Prigerson

5. Manuscript Title  
Underdetection and undertreatment of dyspnea in the intensive care unit

6. Manuscript Identifying Number (if you know it)  
Blue-201805-0996OC

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ouyang has nothing to disclose.

### Evaluation and Feedback

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### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Holly

2. Surname (Last Name)  
Prigerson

3. Date  
12-October-2018

4. Are you the corresponding author?  Yes  No

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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
National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CA197730

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Prigerson reports grants from National Cancer Institute, 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) Cici	2. Surname (Last Name) Xu	3. Date 12-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Holly Prigerson
5. Manuscript Title Underdetection and undertreatment of dyspnea in the intensive care unit		
6. Manuscript Identifying Number (if you know it) Blue-201805-0996OC		

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

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Are there any relevant conflicts of interest?  Yes  No

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Ms. Xu has nothing to disclose.

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