

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Berlin 1



| Section 1. Identifying Inform | mation | |
|--|--|--|
| 1. Given Name (First Name) David | 2. Surname (Last Name) Berlin | 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 o | of dyspnea in the intensive | care unit |
| 6. Manuscript Identifying Number (if you k Blue-201805-0996OC | know it) | |
| | | |
| Section 2. The Work Under (| Consideration for Public | cation |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financia | l activities outside the s | submitted work. |
| of compensation) with entities as desc | ribed in the instructions. Use eport relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4. Intellectual Prope | erty Patents & Copyric | ghts |
| Do you have any patents, whether plan | nned, pending or issued, br | oadly relevant to the work? Yes V No |

Berlin 2



| Section 5. Relationships not sovered above |
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| Relationships not covered above |
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| Section 6. Disclosure Statement |
| Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Berlin has nothing to disclose. |

Evaluation and Feedback

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Berlin 3



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Derry 1



| Section 1. | Identifying Inform | ation | | | |
|--|---|--|--|-----------------------------|--|
| 1. Given Name (Fi Heather | rst Name) | 2. Surname (Last Name Derry | e) | 3. Da 12-O | te ctober-2018 |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Correspond Holly Prige | ling Author's Name erson | |
| 5. Manuscript Title Underdetection | e and undertreatment of | dyspnea in the intensi | ive care unit | | |
| 6. Manuscript Ider Blue-201805-099 | ntifying Number (if you kn 960C | now it) | | | |
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| Section 2. | The Work Under Co | onsideration for Pu | blication | | |
| any aspect of the s statistical analysis, Are there any rel If yes, please fill o | ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing | but not limited to grants est? Yes Normation below. If you g the "X" button. | s, data monitoring O | board, study design, m | "ADD" button to add a row. |
| Name of motitue | ion/company | Fees? | Support? | Other | |
| National Institute on | Aging | \checkmark | | T32 AG04966 | 566 |
| | ı | | | | |
| Section 3. | Relevant financial | activities outside th | ne submitted | work. | |
| of compensation clicking the "Add Are there any rel | | bed in the instructions port relationships that | . Use one line fo were present d | or each entity; add as | hips (regardless of amount many lines as you need by s prior to publication. |
| Section 4. | Intellectual Proper | ty Patents & Copy | yrights | | |
| Do you have any | patents, whether plans | ned, pending or issued | , broadly releva | nt to the work? | Yes ✓ No |

Derry 2



| Section 5. | Deletionships not severed above | | | | |
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| _ | Relationships not covered above | | | | |
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| ✓ Yes, the follow | wing relationships/conditions/circumstances are present (explain below): | | | | |
| No other rela | tionships/conditions/circumstances that present a potential conflict of interest | | | | |
| My spouse works | s for Merck Animal Health. | | | | |
| On occasion, jou | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. | | | | |
| Section 6. | Disclosure Statement | | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | | |
| Dr. Derry reports Merck Animal He | grants from National Institute on Aging, during the conduct of the study; and that her spouse works for ealth. | | | | |

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Gentzler 1



| Section 1. Identifying Inform | ation | | |
|---|---|---|---|
| 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 Autl | hor's Name |
| 5. Manuscript Title Underdetection and undertreatment of | dyspnea in the intensive | care unit | |
| 6. Manuscript Identifying Number (if you kn Blue-201805-0996OC | ow it) | | |
| | | _ | |
| Section 2. The Work Under Co | onsideration for Public | ation | |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da st? | ta monitoring board, s | nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant• | n-Financial Other | Comments |
| American Geriatrics Society | ✓ | | Medical Student Training in Aging Research Program |
| | | | |
| Section 3. Relevant financial a | activities outside the s | ubmitted work. | |
| Place a check in the appropriate boxes in of compensation) with entities as describled clicking the "Add +" box. You should repart there any relevant conflicts of interests. | bed in the instructions. Us ort relationships that wer st? Yes V No | e one line for each e e present during tl | entity; add as many lines as you need by |
| Section 4. Intellectual Proper | ty Patents & Copyric | jhts . | |
| Do you have any patents, whether plann | ned, pending or issued, br | oadly relevant to th | e work? ☐ Yes ✓ No |

Gentzler 2



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| Section 6. Disclosure Statement |
| |
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| Ms. Gentzler reports grants from American Geriatrics Society, during the conduct of the study. |

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Gentzler 3



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Lief 1



| Section 1. | Identifying Inform | nation | |
|--|------------------------------------|---|--|
| 1. Given Name (Fi Lindsay | rst Name) | 2. Surname (Last Name) Lief | 3. Date 12-October-2018 |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's Name Holly Prigerson |
| 5. Manuscript Title Underdetection | | f dyspnea in the intensive | care unit |
| 6. Manuscript Ide Blue-201805-099 | ntifying Number (if you kr 960C | now it) | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Lief 2



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| Dr. Lief has nothing to disclose. |

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Maciejewski 1



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|--|---|---|--|--|--|
| 1. Given Name (Fi Paul | rst Name) | 2. Surname (Last Name) Maciejewski | 3. Date 12-October-2018 | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Holly Prigerson | | |
| 5. Manuscript Title Underdetection | | f dyspnea in the intensive | care unit | | |
| 6. Manuscript Ider Blue-201805-099 | ntifying Number (if you kr 960C | now it) | | | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | |

Maciejewski 2



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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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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

Ouyang 1



| Section 1. Identifying Info | rmation | |
|---|---|--|
| 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 Blue-201805-0996OC | know it) | |
| | | |
| Section 2. The Work Under | Consideration for Public | cation |
| | ing but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financia | al activities outside the s | submitted work. |
| of compensation) with entities as des | cribed in the instructions. Us report relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4. Intellectual Prop | | |
| Intellectual Prop | erty Patents & Copyri | ghts |
| Do you have any patents, whether pla | anned, pending or issued, br | roadly relevant to the work? Yes V No |

Ouyang 2



| Section 5. Relationships not sovered above |
|--|
| Relationships not covered above |
| Are there 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? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
| Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Ouyang has nothing to disclose. |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Ouyang 3



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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3. Relevant financial activities outside the submitted work.

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Prigerson 1



| Section 1. | Identifying Inform | ation | | | | |
|--|---|---|--|------------------|--|---|
| 1. Given Name (Fii Holly | rst Name) | 2. Surname (Last Name Prigerson | 2) | | 3. Date 12-October-2018 | |
| 4. Are you the corresponding author? | | ✓ Yes No | | | | |
| 5. Manuscript Title Underdetection and undertreatment of dyspnea in the intensive care unit | | | | | | |
| 6. Manuscript Identifying Number (if you know it) Blue-201805-0996OC | | | | | | |
| C (1) | | | | | | |
| Section 2. | The Work Under Co | onsideration for Pu | blication | | | |
| any aspect of the s statistical analysis, Are there any rele If yes, please fill c | ubmitted work (including etc.)? evant conflicts of intere | but not limited to grants st? Yes N rmation below. If you | s, data monitoring | g board, study d | ommercial, private foundation, etc.) fo esign, manuscript preparation, ess the "ADD" button to add a row | |
| Name of Institut | ion/Company | Grant? Personal Fees? | Non-Financial Support? | Other? Co | mments | |
| National Cancer Instit | :ute | V | | CA19 | 97730 | _ |
| | | | | | | |
| Section 3. | Relevant financial | activities outside th | e submitted | work. | | |
| of compensation clicking the "Add Are there any rele |) with entities as descri | bed in the instructions port relationships that | . Use one line fo were present d | or each entity; | elationships (regardless of amount add as many lines as you need by months prior to publication. | |
| Section 4. | Intellectual Proper | ty Patents & Copy | /rights | | | |
| Do you have any | patents, whether planr | ned, pending or issued | , broadly releva | ant to the work | ? ☐ Yes ✓ No | - |

Prigerson 2



| Section 5. Polationships not severed above | | | | |
|--|--|--|--|--|
| Relationships not covered above | | | | |
| Are there 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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| Section 6. Disclosure Statement | | | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | | | |
| Dr. Prigerson reports grants from National Cancer Institute, during the conduct of the study. | | | | |

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Prigerson 3



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Royalties: Funds are coming in to you or your institution due to your patent

Xu 1



| Section 1. Identifying Info | rmation | | | | |
|---|------------------------------|--|--|--|--|
| 1. Given Name (First Name) Cici | 2. Surname (Last Name) Xu | 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 Publi | cation | | | |
| 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 Vo | | | | | |
| Section 3. Relevant financia | al 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 Vo | | | | | |
| Section 4. Intellectual Prop | erty Patents & Copyri | ghts | | | |
| Do you have any patents, whether pla | anned, pending or issued, b | roadly relevant to the work? Yes V No | | | |

Xu 2



| Section 5. | | | | | |
|---|--|--|--|--|--|
| Section 5. | Relationships not covered above | | | | |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? | | | | |
| Yes, the following relationships/conditions/circumstances are present (explain below): | | | | | |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest | | | | | |
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| Section 6. | Disclosure Statement | | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | | |
| Ms. Xu has noth | ing to disclose. | | | | |

Evaluation and Feedback

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Xu 3