

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.

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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)
Derek

2. Surname (Last Name)
Angus

3. Date
30-May-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

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
Ferring Pharmaceuticals, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting
Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting
Bayer AG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting
Beckman Coulter, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting
Alung Technologies, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stockholder

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Selepressin - compounds, compositions and methods for treating sepsis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ferring B.V.	Serial #62/767,889 Filed 11/15/2018
Proteomic biomarkers of sepsis in elderly patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	University of Pittsburgh	Serial #16/154,34 Filed 10/08/2018

Section 5. 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

I received travel assistance from the International Sepsis Foundation to attend their conference in February 2018.

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Section 6. Disclosure Statement

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Dr. Angus reports personal fees from Ferring Pharmaceuticals, Inc, Bristol-Myers Squibb, Bayer AG, Beckman Coulter, Inc, and Alung Technologies, Inc, outside the submitted work; In addition, Dr. Angus has a patent Selepressin - compounds, compositions and methods for treating sepsis pending to Ferring B.V., and a patent Proteomic biomarkers of sepsis in elderly patients pending to University of Pittsburgh and I received travel assistance from the International Sepsis Foundation to attend their conference in February 2018.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Bronagh

2. Surname (Last Name)
Blackwood

3. Date
27-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
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Dr. Blackwood 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) Thierry 2. Surname (Last Name) Calandra 3. Date 05-June-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

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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
BD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
GE Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
ThermoFisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
MSD Merck Sharp & Dohme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data monitoring board
Cidara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting

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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Calandra reports other from BD, other from GE Healthcare, other from Bristol-Myers Squibb, other from ThermoFisher, other from MSD Merck Sharp & Dohme, other from Novartis, other from Cidara, 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) Karen	2. Surname (Last Name) Choong	3. Date 27-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice		
6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2		

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Dr. Choong has nothing to disclose.

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Bronwen

2. Surname (Last Name)
Connolly

3. Date
26-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
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Dr. Connolly 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Other relationships.

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Dark

3. Effective Date (07-August-2008)
28-May-2019

4. Are you the corresponding author? Yes No

5. Email Address
Corresponding Author's Name
Hallie C. Prescott

6. Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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 submission.

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DNAelectronics Ltd	Member of Clinical Advisory Board for sepsis diagnostics and therapy	X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Institute for Health Research (NIHR) UK	Grants and grants pending for late phase clinical trials in sepsis	X
						ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X



ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5: TOBACCO ENTITIES:

In addition, the ATS Policy Governing Relationships Between the Tobacco Industry, ATS Members, and Non-Members Who Participate in ATS Activities:

- (A) requires “disclosure of present or past relationships with a tobacco entity (as defined within the policy) **within the past ten years**, including present and past ownership of stocks or options of a tobacco entity (other than mutual funds), and those of the individual's spouse or life partner.”
- (B) requires specific distinction of any relationships **within the past twelve months or at present**

Please also note:

- *ATS policy defines tobacco entities as including:*
 - (1) *All companies engaged in the manufacture of tobacco products;*
 - (2) *All affiliates and subsidiaries of such companies for which it may be reasonably concluded, as a result of publicly available information, that the affiliate or subsidiary's ownership, activities, and/or image benefits the sale of tobacco products;*
 - (3) *All advocacy groups that receive tobacco industry support to promote the use of tobacco products and/or impede policies to prevent tobacco-caused disease.*
- *A spouse or life partner's relationship with the tobacco industry or tobacco stock/option ownership must be disclosed below, but will not be considered to be a relationship of the ATS member or other ATS participant with the tobacco industry, nor will it be considered as grounds for any automatic limitations on the ATS member or other participant's participation in the ATS activities specified in the policy noted-above.*

Therefore, please do the following:

- (1) Click "Yes" or "No";
- (2) Under "Entity Name", type the name of the tobacco entity(ies);
- (3) Use the drop-down boxes to note:
 - (a) the type of relationship (comparable to categories A through J in Part 1 of this form), and
 - (b) whether the relationship is yours or that of spouse or life partner
 - (c) the dollar range of the total value of any grant and products from a tobacco entity received within the past three years combined (or most recent three years combined in which the relationship existed); if research contracted with your institution or collaborative research, enter the total value to you and your institution, not only what you personally received.
- (4) Under “Dates/Description” please type the calendar years in which the relationship existed (e.g., 2005-6) and any other description that would be helpful in COI review.

ICMJE Form for Disclosure of Potential Conflicts of Interest

A. Any relationships with tobacco entities within the past ten years?

- Yes
 No

Please provide details requested below even if you previously entered information about a tobacco entity within Part 1 of this form:

Entity Name	Type Of Relationship	Whose Relationship	Dollar Range	Dates/Description (Required)

B. If yes: any relationships with tobacco entities within the past twelve months or at present, specifically?

- Yes
 No

Although you provided this information within your previous answer, for any relationship with a tobacco entity that occurred within the past twelve months or exists at present, please below:

- (1) reenter the Entity Name and use the drop-down menus to re-answer the other columns, including for Dollar Range the total value of any grant or products related to this received within most recent 3 years;
- (2) if the relationship ended within the past 12 months (and hasn't been renewed), please type in the Dates/Description column the word "ended" and type the month and year in which it ended (e.g., December 2008). If the relationship is scheduled to end soon, type in "ending [month /year]". ATS will use this information in determining eligibility for ATS activities for which ATS policy requires that there be no tobacco industry affiliation. ATS will otherwise assume the relationship is current and ongoing.

Entity Name	Type Of Relationship	Whose Relationship	Dollar Range	Dates/Description (Required)

Submit by Email

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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.

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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) Luigi	2. Surname (Last Name) Ferrucci	3. Date 30-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice		
6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2		

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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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. 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):
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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. Ferrucci has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

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5. Relationships not covered above.

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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)
Simon

2. Surname (Last Name)
Finfer

3. Date
30-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. 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):
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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. Finfer has nothing to disclose.

Evaluation and Feedback

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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) Timothy 2. Surname (Last Name) Girard 3. Date 29-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HL135144

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Girard reports grants from NIH/NHLBI during the conduct of the study.

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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)
Carol

2. Surname (Last Name)
Hodgson

3. Date
27-May-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

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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 Heart Foundation of Australia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NHFA Fellowship

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

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. Hodgson reports personal fees from National Heart Foundation of Australia, 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) Ramona

2. Surname (Last Name) Hopkins

3. Date 28-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name Hallie Prescott

5. Manuscript Title Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2

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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
Intermountain Medical and Research Foundation Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant to study outcomes for family after critical illness

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. 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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Dr. Hopkins reports grants from Intermountain Medical and Research Foundation Grant , 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)
Catherine

2. Surname (Last Name)
Hough

3. Date
29-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

Section 2. The Work Under Consideration for Publication

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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. Hough 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)
Theodore

2. Surname (Last Name)
Iwashyna

3. Date
30-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
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Dr. Iwashyna 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)
LINDA

2. Surname (Last Name)
CHLAN

3. Date
27-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
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1. Given Name (First Name)
Flavia

2. Surname (Last Name)
Machado

3. Date
27-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

Section 2. The Work Under Consideration for Publication

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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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Section 6. Disclosure Statement

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Dr. Machado has nothing to disclose.

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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)
John

2. Surname (Last Name)
Marshall

3. Date
03-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cheryl	2. Surname (Last Name) Misak	3. Date 26-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice		
6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dale	2. Surname (Last Name) Needham	3. Date 27-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice		
6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pinaki

2. Surname (Last Name)
Panigrahi

3. Date
02-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
Hallie

2. Surname (Last Name)
Prescott

3. Date
22-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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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
NIH/NIGMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Dept of Veterans Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Prescott reports grants from NIH/NIGMS, during the conduct of the study; grants from Dept of Veterans Affairs, outside the submitted work.

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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)
Konrad

2. Surname (Last Name)
Reinhart

3. Date
26-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

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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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Unpaid chair of the Global Sepsis Alliance

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Section 6. Disclosure Statement

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Evaluation and Feedback

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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) Kathryn	2. Surname (Last Name) Rowan	3. Date 03-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice		
6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2		

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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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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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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Dr. Rowan has nothing to disclose.

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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) Sachin 2. Surname (Last Name) Yende 3. Date 29-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Hallie Prescott

5. Manuscript Title
Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)
Blue-201812-2383CP.R2

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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
Atox Bio Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol-Myers-Squibb	<input checked="" type="checkbox"/>	<input 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Yende reports personal fees from Atox Bio Inc, grants from Roche, grants from Bristol-Myers-Squibb, 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) Ross	2. Surname (Last Name) Zafonte	3. Date 28-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice		
6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2		

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Disclosure: Dr Zafonte received royalties from 1) Oakstone for an educational CD- Physical Medicine and Rehabilitation a Comprehensive Review;2) Demos publishing for serving as co- editor of the text Brain Injury Medicine. Dr Zafonte serves on the Scientific Advisory Board of Myomo, Oxeia Biopharma, Biodirection and EIMINDA. He also evaluates patients in the MGH Brain and Body-TRUST Program which is funded by the NFL Players Association.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

James

2. Surname (Last Name)

Jackson

3. Date

18-June-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hallie Prescott

5. Manuscript Title

Understanding and Enhancing Sepsis Survivorship: Priorities for Research and Practice

6. Manuscript Identifying Number (if you know it)

Blue-201812-2383CP.R2

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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

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. Jackson has nothing to disclose.

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