

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.

Identifying information.

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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.

Relationships not covered above.

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Definitions.

Angus

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

1

administrative support, etc.



Section 1. Identifying Infor	mation			
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 Na Hallie Prescott	ime	
5. Manuscript Title Understanding and Enhancing Sepsis	Survivorship: Priorities fo	or Research and Practice		
6. Manuscript Identifying Number (if you l Blue-201812-2383CP.R2	know it)			
Section 2. The Work Under (Consideration for Pul	olication		
Did you or your institution at any time rec any aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants	, data monitoring board, study de		ː.) for
Section 3. Relevant financia	l activities outside th	e submitted work.		
Place a check in the appropriate boxes of compensation) with entities as described clicking the "Add +" box. You should read there any relevant conflicts of intellifyes, please fill out the appropriate in	ribed in the instructions eport relationships that vertext?	. Use one line for each entity; a were present during the 36 r	add as many lines as you need	
Name of Entity	Grant? Personal Fees?	Non-Financial Other? Con	mments	
Ferrring Pharmaceuticals, Inc			ulting	
Bristol-Myers Squibb		consu	ulting	
Bayer AG		consu	ulting	
Beckman Coulter, Inc		consi	ulting	
Alung Technologies, Inc		✓ stock	holder	

Angus 2



Section 4. Intellectual	Property	Patents	s & Copyri	ights			
Do you have any patents, wheth If yes, please fill out the approp Excess rows can be removed by	iate informa	tion belo	w. If you ha	•			a row.
Patent?	Pending?	Issued?	Licensed	Royalties?	Licensee?	Comments	
Selepressin - compounds, compositions and methods for treating sepsis	✓				Ferring B.V.	Serial #62/767,889 Filed 11/15/2018	
Proteomic biomarkers of sepsis in elderly patients	√				University of Pittsburgh	Serial #16/154,34 Filed 10/08/2018	
Section 5. Relationshi	Section 5. Relationships not covered above						
Are there other relationships or potentially influencing, what yo	activities tha	t readers	could perc	eive to have	influenced, or t	hat give the appearance of	
✓ Yes, the following relationsh	ips/conditio	ns/circun	nstances are	e present (ex	(plain below):		
No other relationships/cond	itions/circun	nstances	that presen	t a potential	conflict of inte	rest	
I received travel assistance from	the Internat	ional Sep	sis Founda	tion to atten	d their conferei	nce in February 2018.	

Angus 3

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

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

Dr. Angus reports personal fees from Ferrring 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.

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Blackwood 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Bronagh	, ,	2. Surname (Last Name) Blackwood	3. Date 27-May-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding a		urvivorship: Priorities for R	esearch and Practice
6. Manuscript Ide Blue-201812-238	ntifying Number (if you kr 33CP.R2	now it)	
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Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	the appropriate boxes in with entities as descr	in the table to indicate who ibed in the instructions. Us port 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 e present during the 36 months prior to publication .
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

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Dr. Blackwood has nothing to disclose.

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Calandra

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administrative support, etc.



Section 1. Identifying Info	mation			
1. Given Name (First Name) Thierry	2. Surname (Last Nam Calandra	ne)	3. Date 05-June-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Correspond Hallie Pres	ding Author's Name scott	
5. Manuscript Title Understanding and Enhancing Sepsis	Survivorship: Priorities	for Research and	Practice	
6. Manuscript Identifying Number (if you Blue-201812-2383CP.R2	know it)			
Section 2. The Work Under	Consideration for Pu	ublication		
any aspect of the submitted work (includi statistical analysis, etc.)? Are there any relevant conflicts of into		ts, data monitoring	board, study design, manuscript prep	aration,
Section 3. Relevant financia	al activities outside t	he submitted	work.	
Place a check in the appropriate boxe of compensation) with entities as des clicking the "Add +" box. You should a Are there any relevant conflicts of intellifyes, please fill out the appropriate in	cribed in the instruction report relationships that erest?	is. Use one line fo t were present d No	or each entity; add as many lines as uring the 36 months prior to pub	you need by
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
BD			Advisory board	
GE Healthcare			✓ Advisory board	
Bristol-Myers Squibb			✓ Advisory board	
ThermoFisher			✓ Advisory board	
MSD Merck Sharp & Dohme			✓ Consulting	
Novartis			✓ Data monitoring board	
Cidara			✓ Consulting	

Calandra 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume 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; .

Evaluation and Feedback

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paten[.]

Choong 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Karen	rst Name)	2. Surname (Last Name) Choong	3. Date 27-May-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding a		urvivorship: Priorities for R	esearch and Practice
6. Manuscript Ider Blue-201812-238	ntifying Number (if you kr 33CP.R2	now it)	_
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Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes 🗸 No

Choong 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?
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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding a		urvivorship: Priorities for R	esearch and Practice
6. Manuscript Ider Blue-201812-238	ntifying Number (if you kr 33CP.R2	now it)	-
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Connolly 2



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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.



Section 1. Identifying In	formation	
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 Vo	Corresp Emailha प्राप्त sons Hallie C. Prescott
6. Title Understanding and Enhancing Se	osis 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							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	✓					×	
						ADD	
2. Consulting fee or honorarium	✓					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	✓					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×	
						ADD	
Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	✓					×	
						ADD	
7. Other	✓					×	



The Work Under Consideration for Publication							
Туре	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.

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			V	DNAelectronics Ltd	Member of Clinical Advisory Board for sepsis diagnostics and therapy	×	
						ADD	
2. Consultancy	✓					×	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending			✓	National Institute for Health Research (NIHR) UK	Grants and grants pending for late phase clinical trials in sepsis	×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	/					×	

^{**} Use this section to provide any needed explanation.



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
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	/					×
						ADD

^{*} This means money that your institution received for your efforts.

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?

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.

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



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.



A.

Yes

No

form:

Entity Name

ICMJE Form for Disclosure of Potential Conflicts of Interest

Any relationships with tobacco entities within the past ten years?

Type Of Relationship Whose Relationship

В.	If yes: any rela	tionships with tobac	cco entities within t	he past twelve mon	ths or at present, specifically?
○ Yes	3				
	the past twelve m reenter the Entit	onths or exists at pre	sent, please below: drop-down menus to	re-answer the other	p with a tobacco entity that occurred columns, including for Dollar Range the years;
(2)	column the word scheduled to en activities for whi	d "ended" and type the d soon, type in "endir	e month and year in ng [month /year]". AT	which it ended (e.g., S will use this inform	please type in the Dates/Description December 2008). If the relationship is ation in determining eligibility for ATS tion. ATS will otherwise assume the
Entity N	lame	Type Of Relationship	Whose Relationship	Dollar Range	Dates/Description (Required)

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

Dollar Range

Dates/Description (Required)

Dark 6

Submit by Email



Instructions

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

Ferrucci 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Luigi	2. Surname (Last Name) Ferrucci	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 S	urvivorship: Priorities for R	esearch and Practice				
6. Manuscript Identifying Number (if you kr Blue-201812-2383CP.R2	now it)	_				
Section 2. The Work Under Co	onsideration for Public	ation				
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 financial	activities outside the s	ubmitted work.				
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Section 4. Intellectual Proper	rty Patents & Copyrig	ıhts				
Do you have any patents, whether plan						

Ferrucci 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 follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	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. Ferrucci 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.

Ferrucci 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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Finfer 1



Section 1. Identifying I	nformation	
1. Given Name (First Name) Simon	2. Surname (Last Name) Finfer	3. Date 30-May-2019
4. Are you the corresponding autho	r? Yes ✓ No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding and Enhancing S	epsis Survivorship: Priorities for R	esearch and Practice
6. Manuscript Identifying Number (i Blue-201812-2383CP.R2	f you know it)	-
Section 2. The Work Un	der Consideration for Public	ation
	cluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant fina	ncial activities outside the s	ubmitted work.
of compensation) with entities as	described in the instructions. Us ould report relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual C		
Intellectual P	roperty Patents & Copyrig	ints
Do you have any patents, whether	er planned, pending or issued, bro	oadly relevant to the work? Yes V No

Finfer 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 follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Finfer has no	othing to disclose.

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Finfer 3



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Girard 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Timothy	rst Name)	2. Surname (Last Name) Girard		3. Date 29-May-2019		
4. Are you the cor	responding author?	ponding author? Yes V No Corresponding Author's Name Hallie Prescott				
5. Manuscript Title Understanding a		urvivorship: Priorities fo	r Research and Pra	ctice		
6. Manuscript Idei Blue-201812-238	ntifying Number (if you kn 33CP.R2	now it)				
Section 2.	The Work Under Co	onsideration for Pub	lication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	data monitoring boa	ernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation, etc.) e entity press the "ADD" button to add a row.		
Name of Institut	ion/Company	Grant? Personal N	on-Financial Oth	ner? Comments		
NIH/NHLBI		✓		HL135144		
	ı					
Section 3.	Relevant financial	activities outside the	e submitted wor	k.		
of compensation clicking the "Adc Are there any rel) with entities as descri	bed in the instructions. port relationships that w	Use one line for ea ere present durin	inancial relationships (regardless of amount ch entity; add as many lines as you need by og the 36 months prior to publication.		
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	patents, whether planr	ned, pending or issued,	broadly relevant to	o the work? Yes V No		

Girard 2



Section 5. Relationships not sovered above
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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Girard 3



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Hodgson 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Carol	rst Name)	2. Surname (Last Name Hodgson)	3. Date 27-May-2019	9	
4. Are you the cor	responding author?	☐ Yes ✓ No	-	Corresponding Author's Name Hallie Prescott		
5. Manuscript Title Understanding a		urvivorship: Priorities fo	or Research and Pra	actice		
6. Manuscript Ider Blue-201812-238	ntifying Number (if you kr 33CP.R2	now it)				
Section 2.						
Section 2.	The Work Under Co	onsideration for Pul	olication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants est? ✓ Yes ☐ No ormation below. If you l	, data monitoring bo	vernment, commercial, priva ard, study design, manuscri e entity press the "ADD" l	pt preparation,	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Ot	her? Comments		
National Heart Found	lation of Australia			NHFA Fellowship		
Section 3.	Relevant financial	activities outside th	e submitted wo	rk.		
of compensation clicking the "Adc Are there any rel) with entities as descri	ibed in the instructions. port relationships that w	Use one line for eavere present duri	financial relationships (re ach entity; add as many li ng the 36 months prior t	nes as you need by	
Section 4.	Intellectual Proper	rty Patents & Copy	rights			
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant t	o the work? Yes [√ No	

Hodgson 2



Section 5. Relationships 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?						
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. Hodgson reports personal fees from National Heart Foundation of Australia, during the conduct of the study.						

Evaluation and Feedback

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Hodgson 3



Instructions

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

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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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

Hopkins 1



Section 1.	Identifying Inform	nation				
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						
Section 2.						
	The Work Under Co					
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 t	he submitted wo	ork.		
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?						
If yes, please fill out the appropriate information below.						
Name of Entity		Grant? Personal Fees?	Non-Financial O	ther? Comments		
ntermountain Medic Foundation Grant	al and Research	V		grant to study outcomes for after critical illness	or family	
	ı					
Section 4.	Intellectual Proper	ty Patents & Cop	yrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Hopkins 2



Section 5. Polationships 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
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Hopkins reports grants from Intermountain Medical and Research Foundation Grant, outside the submitted work;.

Evaluation and Feedback

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Instructions

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

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Section 1. Identifying In	formation			
Given Name (First Name) Catherine	2. Surname (Last Name) Hough	3. Date 29-May-2019		
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Hallie Prescott		
5. Manuscript Title Understanding and Enhancing Se	psis Survivorship: Priorities for R	esearch and Practice		
6. Manuscript Identifying Number (if Blue-201812-2383CP.R2	you know it)			
Section 2. The Work Und	ler Consideration for Public	ation		
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 finar	ncial activities outside the s	submitted work.		
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Section 4. Intellectual Pr	operty Patents & Copyrig	ghts		
Do you have any patents, whether	planned, pending or issued, br	oadly relevant to the work? Yes V No		

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Dr. Hough has nothing to disclose.

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Iwashyna 1



Section 1. Identifying Inform	nation			
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 S	Survivorship: Priorities for R	esearch and Practice		
6. Manuscript Identifying Number (if you k Blue-201812-2383CP.R2	now it)			
Section 2. The Work Under C	Consideration for Public	ation		
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3. Polomet Grandia	la altalata a casa dala alta a	alone Second according		
Relevant financial	activities outside the s	ubmitted 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 Prope	rty Patents & Copyrig	yhts		
Do you have any patents, whether plan				

lwashyna 2



Section 5. Relationships not covered 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):
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Royalties: Funds are coming in to you or your institution due to your

CHLAN 1



Section 1. Identifying Inform	nation			
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 Understanding and Enhancing Sepsis S	urvivorship: Priorities for R	esearch and Practice		
6. Manuscript Identifying Number (if you kr Blue-201812-2383CP.R2	now it)			
Section 2				
Section 2. The Work Under Co	onsideration for Public	ation		
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	ubmitted 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 Proper	rty Patents & Copyrig	hts		
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes V No		

CHLAN 2



Section 5.	
Section 5.	Relationships not covered above
	elationships 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 follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	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. CHLAN has n	othing to disclose.

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CHLAN 3



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Machado 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Flavia	rst Name)	2. Surname (Last Name) Machado	3. Date 27-May-2019	
4. Are you the cor			Corresponding Author's Name Hallie Prescott	
5. Manuscript Title Understanding a		urvivorship: Priorities for R	esearch and Practice	
6. Manuscript Ider Blue-201812-238	ntifying Number (if you kr 33CP.R2	now it)	-	
	ı			
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No	

Machado 2



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Dr. Machado has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether

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

Marshall 1



Section 1.	dentifying Informa	tion		
1. Given Name (First N John		2. Surname (Last Name) Marshall		3. Date 03-June-2019
4. Are you the corresp	e corresponding author? Yes V No		Corresponding Author's Na Hallie Prescott	me
5. Manuscript Title Understanding and	Enhancing Sepsis Sur	rvivorship: Priorities for	Research and Practice	
6. Manuscript Identify Blue-201812-2383C	ring Number (if you kno P.R2	w it)		
Section 2. Th	ne Work Under Cor	nsideration for Pub	lication	
any aspect of the subn statistical analysis, etc.	nitted work (including b	out not limited to grants,	m a third party (government, co data monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3. Re	elevant financial a	ctivities 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.	talla stual Duan — t	Datauta 8 Carre	:b.s.a	
In	tellectual Property	y Patents & Copyr	ignts	
Do you have any pat	tents, whether planne	ed, pending or issued, l	oroadly relevant to the work?	? Yes 🗸 No

Marshall 2



Section 5.	
	Relationships not covered above
	elationships 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 follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	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.
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Misak

1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Cheryl	rst Name)	2. Surname (Last Name) Misak	3. Date 26-May-2019	
4. Are you the cor			Corresponding Author's Name Hallie Prescott	
5. Manuscript Title Understanding a		urvivorship: Priorities for R	esearch and Practice	
6. Manuscript Ider Blue-201812-238	ntifying Number (if you kr 33CP.R2	now it)	-	
	ı			
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No	

Misak 2



Section 5. Polationships not savared 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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Disclosure statement
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I have no disclosures.

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

Needham 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Dale	2. Surname (Last Name) Needham	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 S	Survivorship: Priorities for R	esearch and Practice	
6. Manuscript Identifying Number (if you ki Blue-201812-2383CP.R2	now it)		
Section 2. The Work Under C	onsideration for Public	ation	
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 V			
Section 3. Relevant financial	activities outside the s	ubmitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyrig	ıhts	
Do you have any patents, whether plan			

Needham 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):		
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Panigrahi 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Pinaki	rst Name)	2. Surname (Last Name) Panigrahi	3. Date 02-June-2019	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hallie Prescott	
5. Manuscript Title Understanding a		urvivorship: Priorities for R	esearch and Practice	
6. Manuscript Ider Blue-201812-238	ntifying Number (if you kr 33CP.R2	now it)		
	ı			
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No	

Panigrahi 2



Section 5.	
	Relationships not covered above
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Prescott 1



Section 1. Identifying Inform	nation			
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 Understanding and Enhancing Sepsis S	Survivorship: Priorities for Research	n and Practice		
6. Manuscript Identifying Number (if you k Blue-201812-2383CP.R2	now it)			
Section 2. The Work Under C	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 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 pressir	ng the "X" button.			
Name of Institution/Company	Grant? Personal Non-Finance Fees? Support?	Other Comments		
NIH/NIGMS				
Section 3. Relevant financial	activities outside the submitt	ted work.		
of compensation) with entities as descr	ribed in the instructions. Use one lir	ou have financial relationships (regardless of amount ine for each entity; add as many lines as you need by ent during the 36 months prior to publication.		
Are there any relevant conflicts of interest?				
If yes, please fill out the appropriate information below.				
Name of Entity	Grant? Personal Non-Finance Fees? Support?	Other Comments		
Dept of Veterans Affairs				

Prescott 2



Section 4. Intellectual Property - Potents & Conscients	
Intellectual Property Patents & Copyrights	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume	
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. 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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Reinhart 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fii Konrad	rst Name)	2. Surname (Last Name) Reinhart	3. Date 26-May-2019
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Hallie Prescott
5. Manuscript Title Understanding a		urvivorship: Priorities for R	desearch and Practice
6. Manuscript Ider Blue-201812-238	ntifying Number (if you kn 33CP.R2	ow it)	
	l		
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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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Section 4.	Intellectual Proper	ty Patents & Copyri <u>c</u>	nhts
	Intellectual Froper	ty — I atents & copyrig	,nes —
Do you have any	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No

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4. Intellectual Property.

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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

Rowan 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Kathryn	2. Surname (Last Name) Rowan	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 S	Survivorship: Priorities for R	esearch and Practice	
6. Manuscript Identifying Number (if you ki Blue-201812-2383CP.R2	now it)		
Section 2. The Work Under C	onsideration for Public	ation	
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 financial	activities outside the s	ubmitted 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 You			
Section 4. Intellectual Prope	rty Patents & Copyrig	jhts	
Do you have any patents, whether plan			

Rowan 2



Section 5. Relationships not covered 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 statement On occasion, journals may ask authors to disclose further information about reported relationships.
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. Rowan 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.

Rowan 3



Instructions

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

Yende 1



Section 1. Identifying Inform	nation			
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 S	Survivorship: Priorities for I	Research and Practice		
6. Manuscript Identifying Number (if you k Blue-201812-2383CP.R2	now it)			
Section 2. The Week Under C				
The Work Under C	onsideration 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 Yes				
Section 3. Relevant financial	activities outside the	submitted work.		
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Are there any relevant conflicts of interest?				
If yes, please fill out the appropriate inf	ormation below.			
Name of Entity	Grant? Personal No	on-Financial Other? Comments		
Atox Bio Inc				
Roche				
Bristol-Myers-Squibb				
Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No		

Yende 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):					
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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. Yende reports personal fees from Atox Bio Inc, grants from Roche, grants from Bristol-Myers-Squibb, outside the submitted work; .					

Evaluation and Feedback

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Yende 3



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Royalties: Funds are coming in to you or your institut

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

Zafonte 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Ross		2. Surname (Last Name) Zafonte	3. Date 28-May-2019		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Hallie Prescott		
5. Manuscript Title Understanding a	Research and Practice				
6. Manuscript Identifying Number (if you know it) Blue-201812-2383CP.R2					
	ı				
Section 2. The Work Under Consideration for Publication					
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Section 4.	Intellectual Proper	rty Patents & Copyric	phts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Zafonte 2



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 follo	owing relationships/conditions/circumstances are present (explain below):
No other rela	ationships/conditions/circumstances that present a potential conflict of interest
Comprehensive the Scientific Ad	afonte received royalties from 1) Oakstone for an educational CD- Physical Medicine and Rehabilitation a Review;2) Demos publishing for serving as co- editor of the text Brain Injury Medicine. Dr Zafonte serves on Ivisory Board of Myomo, Oxeia Biopharma, Biodirection and ElMINDA. He also evaluates patients in the Body-TRUST Program which is funded by the NFL Players Association.
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
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Medicine and Ro Medicine. Dr Za	orts and Disclosure: Dr Zafonte received royalties from 1) Oakstone for an educational CD- Physical ehabilitation a Comprehensive Review;2) Demos publishing for serving as co- editor of the text Brain Injury fonte serves on the Scientific Advisory Board of Myomo, Oxeia Biopharma, Biodirection and ElMINDA. He patients in the MGH Brain and Body-TRUST Program which is funded by the NFL Players Association.

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

Jackson 1



Section 1. Identifying Inform	nation				
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					
		-			
Section 2. The Work Under Co	onsideration for Public	ation			
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Section 4. Intellectual Proper	rty Patents & Copyrig	.htc			
Intellectual Proper	rty Patents & Copyrig	ints ————————————————————————————————————			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Tyes V No			

Jackson 2



Section 5.					
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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				
Dr. Jackson has	nothing to disclose.				

Evaluation and Feedback

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Jackson 3