

#### **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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earning royalties or not

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

Walkey 1



	ı							
Section 1.	Identifying Inforr	nation						
1. Given Name (Fi Allan	rst Name)	2. Surname (	(Last Name)			3. Date 08-February-2019		
4. Are you the cor	he corresponding author?  Yes  No  Corresponding Author's  Nicholas Bosch				or's Name			
5. Manuscript Title New-onset Atrial	e I Fibrillation as a Sepsi	s Defining Org	an Failure					
6. Manuscript Ider	ntifying Number (if you k	now it)						
Section 2.	The Work Under C	onsidoratio	n for Publ	lication				
					,			
any aspect of the s statistical analysis,	ubmitted work (includin etc.)?	g but not limited	d to grants, o			ent, commercial, private founc udy design, manuscript prepa		:.) for
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Name of Institut	ion/Company	Grant		on-Financial Support	Other?	Comments		
NHLBI		<b>✓</b>				R01HL136660		
Section 3.	Relevant financial	activities o	utside the	submitted	work.			
of compensation	n) with entities as descr	ribed in the ins	structions. \	Jse one line fo	or each er	cial relationships (regardles ntity; add as many lines as y • <b>36 months prior to publ</b>	ou need	
Are there any rel	evant conflicts of inter	rest? ✓ Yes	No					
If yes, please fill o	out the appropriate inf	ormation belo	w.					
		<b>7</b> Do	ersonal No	on-Financial				
Name of Entity		Grant•	_	Support?	Other •	Comments		
JptoDate					<b>√</b>	Royalties		

Walkey 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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✓ 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.
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Dr. Walkey reports grants from NHLBI, during the conduct of the study; royalties from UptoDate, outside the submitted work.

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Walkey 3



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Bosch 1



Section 1. Identifying Inforn	nation						
Given Name (First Name)     Nicholas	2. Surname (Last Name) Bosch		3. Date 06-February-2019				
4. Are you the corresponding author?	ou the corresponding author?						
5. Manuscript Title New-onset Atrial Fibrillation as a Sepsis	Defining Organ Failure						
6. Manuscript Identifying Number (if you k	now it)						
Section 2. The Work Under C	onsideration for Public	ation					
Did you or your institution <b>at any time</b> receany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the submitted work.	g but not limited to grants, dat		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,				
If yes, please fill out the appropriate infe Excess rows can be removed by pressin		e more than one enti	ty press the "ADD" button to add a row.				
Name of Institution/Company	Grant	Financial Other?	Comments				
NHLBI	<b>/</b>		R01HL136660-02				
Section 3. Relevant financial	activities outside the su	ubmitted work.					
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter-	ibed in the instructions. Use port relationships that were	e one line for each en	itity; add as many lines as you need by				
Section 4. Intellectual Prope	rty Patents & Copyrig	hts					
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the	work? Yes Vo				

Bosch 2



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McManus 1



Samsung

Apple

NIH

NSF

Flexcon

Boehringher Ingelheim

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

	Section 1.	Identifying Inform	ation							
	1. Given Name (First Name)  2. Surname (Last McManus			*	t Name) 3. Date 13-February-2019					
4. Are you the corresponding author?			Yes	<b>✓</b> No	·	Corresponding Author's Name Nicholas A Bosch				
5. Manuscript Title New-onset Atrial Fibrillation as a Sepsis Defining Organ Failure										
6	. Manuscript Ider	ntifying Number (if you kno	ow it)							
_										
	Section 2.	The Work Under Co	nsidera	tion for P	ublication					
aı st	Did you or your institution <b>at any time</b> 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.)?									
A	re there any rel	evant conflicts of intere	st?	Yes ✓	No					
	Section 3.	Relevant financial a	ctivitie	outside '	the submitted	work.				
0	f compensation	) with entities as describ	oed in the	instruction	ns. Use one line fo	or each en	ial relationships (regardless of an tity; add as many lines as you ne 36 months prior to publication	ed by		
Α	re there any rel	evant conflicts of intere	st? ✓	Yes	No					
lf	yes, please fill o	out the appropriate info	rmation b	elow.						
N	ame of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
Brist	ol Myers Squibb		<b>✓</b>	<b>✓</b>		<b>√</b>	AF Consulting and research grant			
Pfize	er		<b>✓</b>	<b>✓</b>		<b>✓</b>	AF Consulting and research grant			
								_		

McManus 2

**✓** 

**/** 

**✓** 

**√** 

AF Consulting and research support

AF Research support

AF Research grant

AF Research grant

AF Research grant

AF Consulting



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Rose Consulting		<b>✓</b>		<b>√</b>	AF Consulting
Mobile Sense		<b>√</b>		<b>√</b>	AF Inventor Equity Stake
Section 4. Intellectual Propert	y Pate	nts & Co	pyrights		
Do you have any patents, whether plann	ed, pendi	ing or issue	ed, broadly releva	nt to the	work? Yes No
Section 5. Relationships not c	overed a	above			
Are there other relationships or activities potentially influencing, what you wrote i  Yes, the following relationships/cond  No other relationships/conditions/cir  At the time of manuscript acceptance, jo On occasion, journals may ask authors to	n the sub itions/cir cumstand urnals wil	mitted wo	rk? es are present (expessent a potential of ers to confirm and	olain belo conflict o	ow): f interest sary, update their disclosure statements
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.	n will auto	omatically (	generate a disclos	sure state	ement, which will appear in the box
Dr. McManus reports grants, personal fee personal fees, non-financial support and from NSF, grants from Boehringher Inge Consulting, personal fees and other from	other fro lheim , pe	m Samsun ersonal fee	g, non-financial s s and other from	upport fr Flexcon, <sub>l</sub>	om Apple, grants from NIH, grants personal fees and other from Rose

McManus 3



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Quinn 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Emily	2. Surname (Last Name) Quinn		3. Date 06-February-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Authon Nicholas A Bosch	or's Name
5. Manuscript Title New-onset Atrial Fibrillation as a Sepsis	Defining Organ Failure		
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		_	
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If yes, please fill out the appropriate info Excess rows can be removed by pressing	· · · · · · · · · · · · · · · · · · ·	ve more than one enti	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other?	Comments
National Heart, Lung, and Blood Institute	<b>✓</b>		R01HL136660-02
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	in the table to indicate wh ibed in the instructions. U port relationships that we	nether you have finand se one line for each er	ntity; add as many lines as you need by
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Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the	work? Yes V

Quinn 2



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Massaro 1



Section 1. Identi	fying Information	1				
1. Given Name (First Name) Joseph	2. Su Mas	urname (Last Name) saro			3. Date 06-February-2019	
4. Are you the correspondir	g author?	∕es ✓ No	Correspond Nicholas A	_	r's Name	
5. Manuscript Title New-onset Atrial Fibrillati	on as a Sepsis Defin	ng Organ Failure				
6. Manuscript Identifying N	umber (if you know it)					
Section 2. The W	ork Under Consid	eration for Publ	ication			
					ent, commercial, private foundation, etcude udy design, manuscript preparation,	c.) for
Are there any relevant co		✓ Yes No				
If yes, please fill out the ap Excess rows can be remove		•	ive more than	n one entit	ty press the "ADD" button to add a	row.
Name of Institution/Com	pany Gra	nt'	on-Financial Support	Other?	Comments	
National Heart, Lung and Blood	I Institute				National Heart, Lung, and Blood Institute, grant number R01HL136660-02	
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Are there any relevant co		Yes 📝 No	ere <b>present a</b>	luring the	: 36 months prior to publication.	
		<u> </u>				
Section 4. Intelle	ctual Property F	Patents & Copyr	ights			
Do you have any patents,	whether planned, p	ending or issued, k	proadly releva	nt to the	work? Yes 🗸 No	

Massaro 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Massaro reports grants from National Heart, Lung and Blood Institute, during the conduct of the study; .

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#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## 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.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 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.

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

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

Winter 1



Section 1. Ider	ntifying Informa	tion						
Given Name (First Nam Michael	ne)	2. Surname (Las Winter	t Name)			3. Date 06-Februar	ry-2019	
4. Are you the correspon	ding author?	Yes ✓	No	Correspond Nicholas A	ling Author's N Bosch	lame		
5. Manuscript Title New-onset Atrial Fibrill	ation as a Sepsis D	efining Organ	Failure					
6. Manuscript Identifying	Number (if you kno	w it)						
Section 2. The	Work Under Cor	nsideration f	or Public	ation				
Did you or your institution any aspect of the submitt statistical analysis, etc.)? Are there any relevant	ed work (including b	out not limited to						:.) for
If yes, please fill out the Excess rows can be rem	appropriate infor	mation below.	└── If you have	more than	one entity p	ress the "ADD	" button to add a	row.
Name of Institution/Co		Grant? Perso	onal Non-	Financial	Other? Co	omments		
National Heart, Lung, and Bl	ood Institute	<b>√</b>						
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Place a check in the apple of compensation) with clicking the "Add +" bo Are there any relevant	entities as describ x. You should repo	ed in the instru ort relationship	ctions. Use	one line fo	r each entity	; add as many	lines as you need	
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Section 4. Intel	lectual Property	y Patents &	Copyrig	hts				
Do you have any paten	ts, whether planne	ed, pending or	issued, bro	adly releva	nt to the wor	k? Yes	<b>✓</b> No	

Winter 2



Section 5. Relationships not covered above
Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
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Winter 3



1. Given Name (First Name) Ki	2. Surname (Last Name) Chon	3. Date 06-February-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Nicholas A Bosch
5. Manuscript Title New-onset Atrial Fibrillation as a Sep	sis Defining Organ Failure	
6. Manuscript Identifying Number (if you	know it)	
Section 2. The Work Under	Consideration for Publi	cation
statistical analysis, etc.)?	g add not minica to grants, as	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inte	erest? Yes V No	
Are there any relevant conflicts of inte	erest? Yes V No	
Soction 3	erest? Yes V No	submitted work.
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Relevant financial Place a check in the appropriate boxes of compensation) with entities as described by the "Add +" box. You should retree there any relevant conflicts of integrates, please fill out the appropriate in the same of Entity while Sense Technologies	I activities outside the se in the table to indicate where the second in the instructions. Use the port relationships that were the second in the instructions of the second in the instructions. Use the second in	ether you have financial relationships (regardless of amount to one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.  -Financial upport?  Other?  Comments  Dr. Chon co-founded this company and the company specializes in atrial fibrillation detection using wearable devices



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? Lie	censed Royalties	? Licensee?	Comments
atent		<b>V</b>			Dr. Chon has an atrial fibrillation detection algorithm licensed to a company
	hips not cove				
Are there other relationships potentially influencing, what	or activities that you wrote in the	readers cou submitted	Ild perceive to have work?	e influenced, or t	hat give the appearance of
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Based on the above disclosure pelow.		automatical	y generate a disclo	sure statement,	which will appear in the box
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