

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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

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

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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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

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## 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  
03-May-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Martha Curley

5. Manuscript Title  
Risk factors for functional decline and impaired quality of life after pediatric respiratory failure

6. Manuscript Identifying Number (if you know it)  
Blue-201810-1881OC.R1

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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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01HD074757

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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. Angus reports grants from NIH during the conduct of the study.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Lisa

2. Surname (Last Name)  
Asaro

3. Date  
06-September-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Martha A.Q. Curley

5. Manuscript Title  
Risk Factors for Functional Decline and Impaired Quality of Life after Pediatric Respiratory Failure

6. Manuscript Identifying Number (if you know it)  
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Ms. Asaro reports grants from NIH during the conduct of the study.

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### Section 1. Identifying Information

1. Given Name (First Name) Gokul	2. Surname (Last Name) Bysani	3. Date 09-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Watson,Scott
5. Manuscript Title Risk Factors for Functional Decline and Impaired Quality of Life after Pediatric Respiratory Failure		
6. Manuscript Identifying Number (if you know it) Blue-201810-1881OC.R1		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Martha

2. Surname (Last Name)  
Curley

3. Date  
05-September-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Risk Factors for Functional Decline and Impaired Quality of Life after Pediatric Respiratory Failure

6. Manuscript Identifying Number (if you know it)  
Blue-201810-1881OC.R1

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Curley reports grants from NIH, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)

Larissa

2. Surname (Last Name)

Hutchins

3. Date

05-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Scott Watson

5. Manuscript Title

Risk Factors for Functional Decline and Impaired Quality of Life after Pediatric Respiratory Failure

6. Manuscript Identifying Number (if you know it)

Blue-201810-1881OC.R1

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Dr. Hutchins has nothing to disclose.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elizabeth

2. Surname (Last Name)  
Killien

3. Date  
05-September-2019

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

5. Manuscript Title  
Risk Factors for Functional Decline and Impaired Quality of Life after Pediatric Respiratory Failure

6. Manuscript Identifying Number (if you know it)  
Blue-201810-1881OC.R1

### 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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Killien 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.

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### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Watson

3. Date  
09-September-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Martha Curley

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Watson reports grants from NIH, during the conduct of the study; .

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1. Given Name (First Name)  
David

2. Surname (Last Name)  
Wypij

3. Date  
10-September-2019

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Corresponding Author's Name  
Martha A.Q. Curley

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National Heart, Lung, and Blood Institute, NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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