

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.

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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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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)
George

2. Surname (Last Name)
Anesi

3. Date
08-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis

6. Manuscript Identifying Number (if you know it)

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

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

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

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

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Section 1. Identifying Information

1. Given Name (First Name)
Brian

2. Surname (Last Name)
Bayes

3. Date
08-March-2018

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

5. Manuscript Title
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis

6. Manuscript Identifying Number (if you know it)

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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Dr. Bayes 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) _____
Mucio (Kit)

2. Surname (Last Name) _____
Delgado

3. Date _____
08-March-2018

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

5. Manuscript Title _____
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis

6. Manuscript Identifying Number (if you know it) _____

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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. Delgado reports grants from NIH, 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) _____ Gabriel

2. Surname (Last Name) _____ Escobar

3. Date _____ 08-March-2018

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

5. Manuscript Title
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis

6. Manuscript Identifying Number (if you know it)

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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"/>	
The Permanente Medical Group, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gordon and Betty Moore Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Escobar reports grants from NIH, grants from The Permanente Medical Group, Inc. , grants from Gordon and Betty Moore Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Nicole 2. Surname (Last Name) Gabler 3. Date 14-July-2018

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

5. Manuscript Title
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis

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 Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Anthem, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accepted employment with Anthem, Inc. after analysis was complete (Anthem, Inc. played no role in the project and supplied no funding)

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. Gabler reports other from Anthem, Inc., 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)
Scott

2. Surname (Last Name)
Halpern

3. Date
08-March-2018

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

5. Manuscript Title
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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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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. Halpern reports grants from NIH, 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)
Rachel

2. Surname (Last Name)
Kohn

3. Date
08-March-2018

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

5. Manuscript Title
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis

6. Manuscript Identifying Number (if you know it)

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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. Kohn 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) _____ Vincent _____

2. Surname (Last Name) _____ Liu _____

3. Date _____ 08-March-2018 _____

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

5. Manuscript Title
ICU capacity strain is associated with reduced ICU admissions among patients with sepsis _____

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)

Gary

2. Surname (Last Name)

Weissman

3. Date

08-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

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