

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.

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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.

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

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

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Anesi 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii George	rst Name)	2. Surname (Last Name) Anesi			3. Date 08-March-2018
4. Are you the cor	responding author?	✓ Yes No			
5. Manuscript Title ICU capacity stra		duced ICU admissions ar	nong patients	s with sepsis	
6. Manuscript Ider	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsideration for Publ	ication		
any aspect of the s statistical analysis, Are there any rele If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, of st? Yes No rmation below. If you ha	data monitoring	g board, study de	emmercial, private foundation, etc.) for esign, manuscript preparation, ess the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal No	on-Financial Support	Other? Cor	mments
NIH NHLBI		✓			
	ı				
Section 3.	Relevant financial	activities outside the	submitted	work.	
of compensation clicking the "Add Are there any rele) with entities as descril +" box. You should repevant conflicts of intere	bed in the instructions. I ort relationships that wo st? Yes V	Jse one line fo ere present d	or each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyr	ights		
Do you have any	patents, whether planr	ned, pending or issued, k	oroadly releva	nt to the work	? Yes 🗸 No

Anesi 2



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Relationships not covered above
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Dr. Anesi reports grants from NIH NHLBI, during the conduct of the study; .

Evaluation and Feedback

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Anesi 3



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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Bayes 1



Section 1. Identi	fying Information				
1. Given Name (First Name) Brian	2. Surnam Bayes	ne (Last Name)	3. Date 08-March-2018		
4. Are you the corresponding author?		✓ No	Corresponding Author's Name		
5. Manuscript Title ICU capacity strain is asso	ociated with reduced ICU a	admissions amo	ng patients with sepsis		
6. Manuscript Identifying N	umber (if you know it)				
Section 2. The W	ork Under Considerati	ion for Publica	ation		
Did you or your institution a	It any time receive payment work (including but not limi	or services from a	a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,		
Section 3. Releva	ant financial activities	outside the su	ubmitted work.		
Place a check in the approof compensation) with er	opriate boxes in the table ntities as described in the i You should report relation	to indicate whe	ther 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. Intelle	ctual Property Pate	nts & Copyrigl	hts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Bayes 2



Section 5.					
	Relationships not covered above				
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Dr. Bayes has no	othing to disclose.				

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

Delgado 1



Section 1. Identifying	Information	
Given Name (First Name) Mucio (Kit)	2. Surname (Last Name) Delgado	3. Date 08-March-2018
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's Name
5. Manuscript Title ICU capacity strain is associated	with reduced ICU admissions amo	ong patients with sepsis
6. Manuscript Identifying Number	(if you know it)	
Section 2. The Work U	nder Consideration for Public	cation
any aspect of the submitted work (i statistical analysis, etc.)? Are there any relevant conflicts	ncluding but not limited to grants, da of interest? Yes No iate information below. If you hav	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, re more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other? Comments
NIH	✓	
Section 3. Relevant fin	ancial activities outside the s	ubmitted work.
of compensation) with entities a clicking the "Add +" box. You sh Are there any relevant conflicts	is described in the instructions. Us ould report 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 se present during the 36 months prior to publication.
Section 4. Intellectual	Property Patents & Copyrig	hts
Do you have any patents, wheth	ner planned, pending or issued, br	oadly relevant to the work? Yes V No

Delgado 2



Section 5.	Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
	Yes, the following relationships/conditions/circumstances are present (explain below): Ves, the following relationships/conditions/circumstances that present a potential conflict of interest				
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Section 6.	Disclosure Statement				
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Dr. Delgado rep	orts grants from NIH, during the conduct of the study; .				

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Delgado 3



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

Escobar 1



Section 1. Identifying Inform	nation	
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 re	duced ICU admissions am	ong patients with sepsis
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intered If yes, please fill out the appropriate information Excess rows can be removed by pressing	ormation below. If you hav	re more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other? Comments
NIH	✓	
The Permanente Medical Group, Inc.	✓	
Gordon and Betty Moore Foundation	✓	
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of interest	est?	
Section 4. Intellectual Proper		d.c.
Intellectual Proper	rty Patents & Copyric	ints —
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Escobar 2



Section 5. Polationships not sovered above
Relationships not covered above
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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. 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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Royalties: Funds are coming in to you or your institution due to your patent

Gabler 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Nicole	2. Surname (Last Name) Gabler			3. Date 14-July-2018
4. Are you the corresponding author?	☐ Yes 🗸 No	Correspond George L.	_	r's Name
5. Manuscript Title ICU capacity strain is associated with rec	duced ICU admissions an	nong patients	with sep	sis
6. Manuscript Identifying Number (if you kn	ow it)			
		_		
Section 2. The Work Under Co	onsideration for Publ	ication		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?				
Are there any relevant conflicts of intere	est? Yes V No			
Section 3. Relevant financial	activities outside the	submitted v	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. U	Jse one line fo	r each en	tity; add as many lines as you need by
Are there any relevant conflicts of interes		•	•	
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal No	on-Financial Support <mark>?</mark>	Other?	Comments
Anthem, Inc.			✓	Accepted employment with Anthem, Inc. after analysis was complete (Anthem, Inc. played no role in the project and supplied no funding)
Section 4. Intellectual Proper	ty Patents & Copyri	ights		
Do you have any patents, whether plant	ned, pending or issued, b	roadly releva	nt to the	work? Yes 🗸 No

Gabler 2



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Dr. Gabler reports other from Anthem, Inc., outside the submitted work; .

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earning royalties or not

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patent

Halpern 1



Section 1.	Identifying Inform	ation		
Given Name (First Name) Scott		2. Surname (Last Name) Halpern		3. Date 08-March-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Autho	r's Name
5. Manuscript Title ICU capacity stra		duced ICU admissions am	ong patients with sep	sis
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
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, doest? Yes No	ata monitoring board, stu	nt, commercial, private foundation, etc.) for ady design, manuscript preparation, etc. by press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal No	n-Financial Other?	Comments
NIH		V		
	ı			
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rel	ı) with entities as descri	bed in the instructions. Uport relations hips that we	se one line for each en	ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plani	ned, pending or issued, b	roadly relevant to the v	work? Yes Vo

Halpern 2



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Kohn 1



Section 1. Ide	entifying Information	า		
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 Na	me
5. Manuscript Title ICU capacity strain is associated with reduc		l ICU admissions ar	mong patients with sepsis	
6. Manuscript Identifyir	ng Number (if you know it)			
Section 2. The	Work Under Consid	leration for Publ	lication	
Did you or your instituti	on at any time receive pay tted work (including but no	ment or services fro		mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3. Rel	evant financial activi	ities outside the	submitted work.	
of compensation) wit	h entities as described ir ox. You should report re	n the instructions. I	Jse one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4. Int	ellectual Property I	Patents & Copyr	iahts	
			oroadly relevant to the work?	Yes 🗸 No

Kohn 2



Section 5.				
Section 5.	Relationships not covered above			
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	nuscript 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			
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Dr. Kohn has not	hing to disclose.			

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Liu 1



Section 1.	Identifying Information					
Given Name (First Name) Vincent		2. Surname (Last Nam 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)						
Section 2.	The Work Under Co	onsideration for Pu	ıblication			
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 Institut	e of Institution/Company Grant? Personal Non-Financial Support? Comments					
NIH						
	_					
Section 3. Relevant financial activities outside the submitted work.						
of compensatior clicking the "Adc Are there any rel	n) with entities as descri I +" box. You should repevant conflicts of intere	ibed in the instructions port relationships that est? Yes V				
Section 4.	Intellectual Proper	rty Patents & Cop	yrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Liu 2



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Relationships not covered above			
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Dr. Liu reports grants from NIH, during the conduct of the study; .			

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Weissman 1



Section 1.	Identifying Information				
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4. Are you the corresponding author?		Yes	√ No	Corresponding Author's Name	
5. Manuscript Title ICU capacity strain is associated with reduced ICU admission		missions amo	ong patients with sepsis		
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Section 2.	The Work Under Co	onsideratio	n for Public	ation	
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Section 3.	Relevant financial	activities o	utside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	bed in the ins port relations	structions. Use hips 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 Prope	ty Patent	s & Copyrig	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Weissman 2



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