

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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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) David	2. Surname (Last Name) Berlin	3. Date 26-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Heather Derry
5. Manuscript Title Peritraumatic stress among caregivers of patients in the intensive care unit		
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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Dr. Berlin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Heather

2. Surname (Last Name)
Derry

3. Date
26-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Peritraumatic stress among caregivers of patients in the intensive care unit

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"/>	Fellowship grant

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

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Section 1. Identifying Information

1. Given Name (First Name) Lindsay	2. Surname (Last Name) Lief	3. Date 26-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Derry
5. Manuscript Title Peritraumatic stress among caregivers of patients in the intensive care unit		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lief has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Holly

2. Surname (Last Name)
Prigerson

3. Date
26-August-2019

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

5. Manuscript Title
Peritraumatic stress among caregivers of patients in the intensive care unit

6. Manuscript Identifying Number (if you know it)

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

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1. Given Name (First Name) Edward	2. Surname (Last Name) Schenck	3. Date 29-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Heather Derry
5. Manuscript Title Peritraumatic stress among caregivers of patients in the intensive care unit		
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Dr. Schenck has nothing to disclose.

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