

## 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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### Section 1. Identifying Information

1. Given Name (First Name) Dongdong	2. Surname (Last Name) Liu	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yimin Li
5. Manuscript Title Ventilatory ratio in Hypercapnic Mechanically Ventilated patients with COVID-19 associated ARDS		
6. Manuscript Identifying Number (if you know it) 202002-0373LE.R2		

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Shiyue	2. Surname (Last Name) Li	3. Date 24-March-2020
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1. Given Name (First Name) Sibei	2. Surname (Last Name) Chen	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yimin Li
5. Manuscript Title Ventilatory ratio in Hypercapnic Mechanically Ventilated patients with COVID-19 associated ARDS		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yimin

2. Surname (Last Name)  
Li

3. Date  
24-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Ventilatory ratio in Hypercapnic Mechanically Ventilated patients with COVID-19 associated ARDS

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) Yonghao	2. Surname (Last Name) Xu	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yimin Li
5. Manuscript Title Ventilatory ratio in Hypercapnic Mechanically Ventilated patients with COVID-19 associated ARDS		
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1. Given Name (First Name) Zhimin	2. Surname (Last Name) Lin	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yimin Li
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1. Given Name (First Name) Xiaoqing	2. Surname (Last Name) Liu	3. Date 24-March-2020
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