

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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.

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



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Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Casey	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name
5. Manuscript Title Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults		
6. Manuscript Identifying Number (if you know it) White-201912-894RL.R2		

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.)?

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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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Section 1. Identifying Information

1. Given Name (First Name)
Todd

2. Surname (Last Name)
Rice

3. Date
17-January-2020

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

5. Manuscript Title
Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults

6. Manuscript Identifying Number (if you know it)
White-201912-894RL

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cumberland Pharmaceuticals, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant - Director of Medical Affairs

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. Rice reports personal fees from Cumberland Pharmaceuticals, Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Churpek

3. Date
14-February-2020

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

5. Manuscript Title
Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults

6. Manuscript Identifying Number (if you know it)
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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
R01 GM 123193 NIH/NIGMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
EarlySense Research Grant (Tel Aviv, Israel)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
ARCD. P0535US.P2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		For risk stratification algorithms for hospitalized patients

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Dr. Churpek reports grants from R01 GM 123193 NIH/NIGMS, during the conduct of the study; grants from EarlySense Research Grant (Tel Aviv, Israel), outside the submitted work; In addition, Dr. Churpek has a patent ARCD. P0535US.P2 pending.

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Dargin	3. Date 16-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephen Halliday
5. Manuscript Title Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults		
6. Manuscript Identifying Number (if you know it) White-201912-894RL		

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Dr. Dargin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Halliday

3. Date
13-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults

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)

Jason

2. Surname (Last Name)

West

3. Date

29-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Stephen Halliday

5. Manuscript Title

Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults

6. Manuscript Identifying Number (if you know it)

White-201912-894RL

Section 2. The Work Under Consideration for Publication

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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

Section 4. Intellectual Property -- Patents & Copyrights

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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I have no conflicts of interest 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) Derek	2. Surname (Last Name) Russell	3. Date 15-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephen Halliday
5. Manuscript Title Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults		
6. Manuscript Identifying Number (if you know it) White-201912-894RL		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Russell 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) Matthew 2. Surname (Last Name) Semler 3. Date 15-January-2020

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

5. Manuscript Title
Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults

6. Manuscript Identifying Number (if you know it)
White-201912-894RL

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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
National Heart Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(K23HL143053)
	<input 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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Section 6. Disclosure Statement

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Dr. Semler reports grants from National Heart Lung and Blood Institute, from null, 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)
Derek

2. Surname (Last Name)
Vonderhaar

3. Date
15-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Stephen Halliday, M.D.

5. Manuscript Title
Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults

6. Manuscript Identifying Number (if you know it)
White-201912-894RL

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. Vonderhaar 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) David	2. Surname (Last Name) Janz	3. Date 15-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephen Halliday
5. Manuscript Title Risk Factors for Cardiovascular Collapse During Tracheal Intubation of Critically Ill Adults		
6. Manuscript Identifying Number (if you know it) White-201912-894RL		

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Dr. Janz has nothing to disclose.

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