

#### Instructions

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Christian Bime	2. Surname (Last Name) Bime	3. Date 08-August-2016
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Racial Differences in Mortality from Se	evere Acute Respiratory Failure in the U	Inited States – 2008-2012.
6. Manuscript Identifying Number (if you White-201605-359OC	know it)	
Section 2. The Work Under		
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	•	nave financial relationships (regardless of amount for each entity; add as many lines as you need by

clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

🖌 No

Yes

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

**Intellectual Property -- Patents & Copyrights** 

Section 4.

Are there any relevant conflicts of interest?

✓ No



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Dr. Bime has nothing to disclose.

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any aspect of the submi	tted work (including bu		n a third party (government, co ata monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation,
statistical analysis, etc.)? Are there any relevan		Yes 🖌 No		
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	1 1		

🖌 No

Yes



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1. Given Name (Fi Chithra	rst Name)	2. Surname (Last Name Poongkunran	2) 3. Date 08-August-2016
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5. Manuscript Title Racial Difference		vere Acute Respiratory F	ailure in the United States – 2008-2012
6. Manuscript Ide White-201605-3	ntifying Number (if you k 59OC	know it)	
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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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1. Given Name (First Name) Hem	2. Surname (Last Name) Desai	3. Date 08-August-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Christian Bime, Md MSc
5. Manuscript Title Racial Differences in Mortality from Se	vere Acute Respiratory Fa	ilure in the United States – 2008-2012.
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Do you have any patents, whether planned, pending or issued, broadly relevant to the wor	?	Yes	🖌 🗸 📈	0
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Are there any relevant conflicts of interest?	Ye	es 🗸	/	No
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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	<b>↓</b>	No
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## 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):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Natt has nothing to disclose.

#### **Evaluation and Feedback**



#### 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.

### 1. Identifying information.

### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### **Definitions.**

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

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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 Penalties: Funds are coming in to you eryour institution due to you



Section 1.	Identifying Infor	mation	
1. Given Name (First Name) Sairam		2. Surname (Last Nam Parthasarathy	e) 3. Date 08-August-2016
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Christian Bime, MD
5. Manuscript Title Racial Difference		evere Acute Respiratory	Failure in the United States – 2008-2012
6. Manuscript Ider White-201605-3	ntifying Number (if you 59OC	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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

No

Are there any relevant conflicts of interest?  $\checkmark$  Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees <b>?</b>	Non-Financial Support?	Other?	Comments	
NIH/NHLBI	$\checkmark$				HL095748 & HL095799; Research grants to institution.	
Patient Centered Outcomes Research Institute	$\checkmark$				IHS-1306-02505 & EAIN #3394-UOA; Research grant to institution	
US Department of Defense	$\checkmark$				Co-investigator for study on sleep and PTSD. PT130770; Research grant to institution (Killgore, PI)	
NIH (National Cancer Institute) NCI	$\checkmark$				1R21CA184920; Research grant to institution (Martinez, Pl)	



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Johrei Institute	$\checkmark$				Complementary and Alternative Medicine therapy for sleep disturbance
American Academy of Sleep Medicine		$\checkmark$			For lectures at the AASM Winter Conference; SLEEP2014, SLEEP 2015, and SLEEP2016 meeting
National Center for Sleep Disorders Research of the NIH (NHLBI)			$\checkmark$		For travel related to the Sleep Disorders Research Advisory Board (No honorarium)
UpToDate Inc.		$\checkmark$			Preparation of educational material
Philips-Respironics, Inc.		$\checkmark$			Honorarium for participation in Key Opinion Leadership summit (\$2000 in 2014) and roundtable in September 2015 (\$2,000)
Younes Sleep Technologies, Ltd.	$\checkmark$				Research grant to institution
Niveus Medical Inc.	$\checkmark$				Research grant to institution
Philips-Respironics, Inc.	$\checkmark$				Device for treatment of obesity- hypoventilation syndrome and COPD; Bioinformatics research study; Research grants to institution
Vapotherm, Inc.		$\checkmark$			Honorarium and travel for roundtable discussion

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🖌 Yes

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
UA 14-018 U.S.S.N. 61/884,654; PTAS 502570970 (Home breathing device)		✓				This is a non-pressure based system that is intended for providing respiratory assistance during sleep in ambulatory patients	

No



## 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):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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## Section 6. Disclosure Statement

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Dr. Parthasarathy reports grants from NIH/NHLBI, grants from Patient Centered Outcomes Research Institute, grants from US Department of Defense, grants from NIH (National Cancer Institute) NCI, grants from Johrei Institute, personal fees from American Academy of Sleep Medicine, non-financial support from National Center for Sleep Disorders Research of the NIH (NHLBI), personal fees from UpToDate Inc., personal fees from Philips-Respironics, Inc., grants from Younes Sleep Technologies, Ltd., grants from Niveus Medical Inc., grants from Philips-Respironics, Inc., personal fees from Vapotherm, Inc., outside the submitted work; In addition, Dr. Parthasarathy has a patent UA 14-018 U.S.S.N. 61/884,654; PTAS 502570970 (Home breathing device) issued.

#### **Evaluation and Feedback**