

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

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#### 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.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)<br>Anna  | 2. Surname (Last Name)<br>Bertram                                   | 3. Date<br>05-August-2020                  |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Klaus Stahl |
| 5. Manuscript Title<br>Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-202007-2676LE.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.)?

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Bertram 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)<br>Benjamin  | 2. Surname (Last Name)<br>Seeliger                                  | 3. Date<br>05-August-2020                  |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Klaus Stahl |
| 5. Manuscript Title<br>Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-202007-2676LE.R2                      |   |  |

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Dr. Seeliger has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Hermann

2. Surname (Last Name)  
Haller

3. Date  
05-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Klaus Stahl

5. Manuscript Title  
Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients

6. Manuscript Identifying Number (if you know it)  
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Dr. Haller 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)  
Klaus

2. Surname (Last Name)  
Stahl

3. Date  
05-August-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients

6. Manuscript Identifying Number (if you know it)  
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Dr. Stahl has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Marius

2. Surname (Last Name) Hoeper

3. Date 06-August-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Klaus Stahl

5. Manuscript Title  
Injury to the endothelial glycocalix in critically ill Covid-19 patients

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                   |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|
| Acceleron      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultations              |
| Actelion       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lectures and consultations |
| Bayer          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lectures and consultations |
| Janssen        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lectures and consultations |
| MSD            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lectures and consultations |
| Pfizer         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lectures and consultations |



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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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Dr. Hoepfer reports personal fees from Acceleron, personal fees from Actelion, personal fees from Bayer, personal fees from Janssen, personal fees from MSD, personal fees from Pfizer, outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Phillip

2. Surname (Last Name)  
Gronski

3. Date  
05-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Klaus Stahl

5. Manuscript Title  
Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients

6. Manuscript Identifying Number (if you know it)  
Blue-202007-2676LE.R2

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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

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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Mr. Gronski 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)  
Sascha

2. Surname (Last Name)  
David

3. Date  
05-August-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Klaus Stahl

5. Manuscript Title  
Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients

6. Manuscript Identifying Number (if you know it)  
Blue-202007-2676LE.R2

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Dr. David 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)  
Thorben

2. Surname (Last Name)  
Pape

3. Date  
05-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Klaus Stahl

5. Manuscript Title  
Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients

6. Manuscript Identifying Number (if you know it)  
Blue-202007-2676LE.R2

### Section 2. The Work Under Consideration for Publication

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Mr. Pape 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)  
Tobias

2. Surname (Last Name)  
Welte

3. Date  
05-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Klaus Stahl

5. Manuscript Title  
Injury to the Endothelial Glycocalyx in critically ill Covid-19 patients

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. Welte 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)

Yulia

2. Surname (Last Name)

Kiyan

3. Date

05-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Klaus Stahl

5. Manuscript Title

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Kiyani has nothing to disclose.

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