

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.

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Anesi 1



Section 1.	Identifying Informa	ation				
1. Given Name (Fi George	rst Name)	2. Surname (Last Nam Anesi	e)		3. Date 29-May-2020	
4. Are you the cor	responding author?	√ Yes No				
	5. Manuscript Title Association of a Novel Index of Hospital Capacity Strain with Admission to Intensive Care Units					
6. Manuscript Ider White-202003-22	ntifying Number (if you kno 280C.R1	ow it)				
Section 2.	The Week Hedey Co	unidoveticu fou D	hlication			
Did you or your ins any aspect of the s statistical analysis,	ubmitted work (including l	re payment or services to both mot limited to grant	rom a third party		commercial, private foundation, etc.) for design, manuscript preparation,	
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Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments	
NIH/NHLBI R01HL136	719	✓				
AHRQ K12HS026372		\checkmark				
Section 3.	Relevant financial a	ctivities outside t	he submitted	l work.		
of compensation) with entities as describ	ed in the instruction	s. Use one line	for each entity	elationships (regardless of amount ; add as many lines as you need by months prior to publication.	
Are there any rel	evant conflicts of interes	st? Yes	lo			
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Section 4.	Intellectual Propert	y Patents & Cop	yrights			
Do you have any	patents, whether plann	ed, pending or issue	d, broadly relev	ant to the wor	k? ☐ Yes ✓ No	

Anesi 2



Section 5. Rolatio	
Relation 3.	onships not covered above
	ps or activities that readers could perceive to have influenced, or that give the appearance of nat you wrote in the submitted work?
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-	acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ask authors to disclose further information about reported relationships.
Section 6. Disclos	
Disclos	ure Statement
Based on the above disclo below.	sures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Anesi reports grants fr	om NIH/NHLBI R01HL136719, grants from AHRQ K12HS026372, during the conduct of the study; .

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Section 2.					
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rela If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	ormation below. If you h	data monitoring boo	ard, study design, manusc	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Support?	her? Comments	
NIH/NHLBI R01HL136	719	√			
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Do you have any	patents, whether plans	ned, pending or issued,	broadly relevant to	o the work? Yes	✓ No

Bayes 2



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Chowdhury 1



Section 1. Identifyi	ng Information		
1. Given Name (First Name) Marzana	2. Surname (Last Name) Chowdhury	3. Date 29-May-2020	
4. Are you the corresponding a	uthor? Yes ✓ No	Corresponding Author's Name George L. Anesi	
5. Manuscript Title Association of a Novel Index	of Hospital Capacity Strain with Adr	mission to Intensive Care Units	
6. Manuscript Identifying Numl White-202003-228OC.R1	per (if you know it)		
Section 2. The Work	Under Consideration for Publi	ication	
any aspect of the submitted wo statistical analysis, etc.)? Are there any relevant confli	cts of interest? Yes No opriate information below. If you ha	m a third party (government, commercial, private data monitoring board, study design, manuscript ave more than one entity press the "ADD" be	t preparation,
Name of Institution/Compa	ny Grant'	on-Financial Other? Comments	
NIH/NHLBI R01HL136719	✓		
Section 3. Relevant	financial activities outside the	submitted work.	
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Section 4. Intellectu	al Property Patents & Copyri	ights	
Do you have any patents, wh	ether planned, pending or issued, b	proadly relevant to the work? Yes	/ No

Chowdhury 2



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Delgado 1



Section 1. Identifying	Information		
Given Name (First Name) M. Kit	2. Surname (Last Name) Delgado		3. Date 29-May-2020
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's	s Name
5. Manuscript Title Association of a Novel Index of I	Hospital Capacity Strain with Adm	ission to Intensive Care	e Units
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any aspect of the submitted work (i statistical analysis, etc.)? Are there any relevant conflicts	ncluding but not limited to grants, dai of interest? Yes No iate information below. If you have	ta monitoring board, stud	nt, commercial, private foundation, etc.) for dy design, manuscript preparation, or press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other?	Comments
NIH/NHLBI R01HL136719	V		
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Delgado 2



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of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instructions. port relationships that vest? Yes V	Use one line for e vere present duri	financial relationships (i ach entity; add as many ng the 36 months prio	lines as you need by
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Dr. Dress has nothing to disclose.

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

Escobar 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Gabriel	2. Surname (Last Name) Escobar	3. Date 29-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name George L. Anesi
5. Manuscript Title Association of a Novel Index of Hospital	Capacity Strain with Adm	nission to Intensive Care Units
6. Manuscript Identifying Number (if you kn White-202003-228OC.R1	now it)	
Section 2. The Work Under Co		
Did you or your institution at any time recei		ication n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interest fives, please fill out the appropriate info		ve more than one entity press the "ADD" button to add a row.
Excess rows can be removed by pressing		vermore than one chary press the 7655 Satton to add a row
Name of Institution/Company	Grant	On-Financial Other? Comments
NIH/NHLBI R01HL136719	✓	
The Permanente Medical Group, Inc.	✓	
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that wer	nether you have financial relationships (regardless of amount lse one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
Section 4. Intellectual Proper	to Determine Committee	
Intellectual Proper	ty Patents & Copyric	gnts
Do you have any patents, whether plans	ned, pending or issued, br	roadly relevant to the work? Yes V No

Escobar 2



Section 5. Relationships not severed above
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):
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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. Escobar reports grants from NIH/NHLBI R01HL136719, grants from The Permanente Medical Group, Inc., during the conduct of the study; .

Evaluation and Feedback

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Escobar 3



Instructions

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Halpern 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Scott	rst Name)	2. Surname (Last Name Halpern)	3. Date 29-May-20)20
4. Are you the cor	responding author?	☐ Yes ✓ No	_	Corresponding Author's Name George L. Anesi	
5. Manuscript Title Association of a		Capacity Strain with A	dmission to Intens	ive Care Units	
6. Manuscript lder White-202003-22	ntifying Number (if you kn 28OC.R1	now it)			
Section 2.					
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	ubut not limited to grants est? Yes No ormation below. If you I	, data monitoring bo	vernment, commercial, privard, study design, manusc	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	ther? Comments	
NIH/NHLBI R01HL136	719	√			
Costion 2					
Section 3.	Relevant financial	activities outside th	e submitted wo	rk.	
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instructions. port relationships that vest? Yes V	. Use one line for ea were present durii D	financial relationships (ach entity; add as many ng the 36 months prio	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plans	ned, pending or issued,	, broadly relevant t	to the work? Yes	✓ No

Halpern 2



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Kohn 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Rachel	rst Name)	2. Surname (Last Name Kohn	e)	3. Date 29-May-20	020	
4. Are you the cor	responding author?	☐ Yes ✓ No		Corresponding Author's Name George L. Anesi		
5. Manuscript Title Association of a	e Novel Index of Hospital	Capacity Strain with A	admission to Intensi	ive Care Units		
6. Manuscript Ider White-202003-22	ntifying Number (if you kn 28OC.R1	now it)				
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any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grantsest? Yes Normation below. If you	s, data monitoring bo	vernment, commercial, pri ard, study design, manusc se entity press the "ADD	cript preparation,	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Ot	her? Comments		
NIH/NHLBI K23 HL14	5894	V				
	l					
Section 3.	Relevant financial	activities outside th	ne submitted wo	rk.		
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instructions port relationships that	s. Use one line for ea were present durir	financial relationships (ach entity; add as many n g the 36 months prio	lines as you need by	
Section 4.	Intellectual Proper	ty Patents & Copy	yrights			
Do you have any	patents, whether plans	ned, pending or issued	l, broadly relevant t	to the work? Yes	✓ No	

Kohn 2



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Section 6
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Dr. Kohn reports grants from NIH/NHLBI K23 HL146894, during the conduct of the study; .

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Liu 1



Section 1.	dentifying Informa	ntion					
1. Given Name (First Vincent			e (Last Name)			3. Date 29-May-2020	
4. Are you the corres	sponding author?	Yes	✓ No	•	Corresponding Author's Name George L. Anesi		
5. Manuscript Title Association of a No	ovel Index of Hospital (Capacity St	train with Adr	nission to Int	ensive Care l	Jnits	
6. Manuscript Identii White-202003-228	fying Number (if you kno OC.R1	ow it)					
Section 2.							
Did you or your instit	-	e payment	or services fron	n a third party	•	commercial, private foundation, etc.) for design, manuscript preparation,	
	ant conflicts of interes			we more than	one entity n	oress the "ADD" button to add a row.	
	removed by pressing			ve more triai	i one entity p	bless the ADD button to add a fow.	
Name of Institutio	n/Company	Grant?	-	n-Financial Support	Other? C	omments	
NIH/NHLBI R01HL13671	9	√					
NIH R35GM128672		✓					
Section 3.	Relevant financial a	ctivities	outside the	submitted	work.		
of compensation) v	with entities as describ	ed in the i	nstructions. U	se one line fo	or each entity	relationships (regardless of amount y; add as many lines as you need by 5 months prior to publication.	
Are there any relev	ant conflicts of interes	t? Ye	es 🗸 No				
Section 4.	ntollo <i>s</i> tual Duoment	v Dotov	ata 9. Canami	alata .			
	ntellectual Propert	y Pater	its & Copyri	gnts			
Do you have any pa	atents, whether plann	ed, pendin	g or issued, b	roadly releva	nt to the wo	rk? Yes 🗸 No	

Liu 2



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Dr. Liu reports grants from NIH/NHLBI R01HL136719, grants from NIH R35GM128672, during the conduct of the study; .

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Small 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Dylan	rst Name)	2. Surname (Last Name) Small		3. Date 29-May-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Auth George L. Anesi	hor's Name
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Name of Institut	ion/Company	Grant? Personal N	on-Financial Other	? Comments
NIH/NHLBI R01HL136	719	✓		
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Section 3.	Relevant financial	activities outside the	e submitted work.	
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. port relationships that w	Use one line for each evere present during th	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.
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Do you have any	patents, whether plans	ned, pending or issued,	broadly relevant to the	e work? ☐ Yes ✓ No

Small 2



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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

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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 Inform	nation			
1. Given Name (Fii Wei	rst Name)	2. Surname (Last Name Wang)	3. Date 29-May-20)20
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name George L. Anesi		
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6. Manuscript Ider White-202003-22	ntifying Number (if you kn 280C.R1	now it)			
Section 2.					
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	ormation below. If you h	data monitoring bo	ard, study design, manusc	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Support?	ther? Comments	
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Section 3.	Relevant financial	activities outside th	e submitted wo	rk.	
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should repevant conflicts of intere		Use one line for eavere present durii	ach entity; add as many	y lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant t	to the work? Yes	√ No

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Section 5. Polationships not severed above
Relationships not covered above
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Dr. Wang reports grants from NIH/NHLBI R01HL136719, during the conduct of the study; .

Evaluation and Feedback

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