

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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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)  
Panayiotis

2. Surname (Last Name)  
Benos

3. Date  
11-July-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
George Kitsios MD

5. Manuscript Title  
Respiratory Tract Dysbiosis is Associated With Worse Outcomes in Mechanically-Ventilated Patients

6. Manuscript Identifying Number (if you know it)  
Blue-201912-2441OC.R1

### 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

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 Institutes of Health (NHLBI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U01HL137159, R01HL140963

### 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**.

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. Benos reports grants from National Institutes of Health (NHLBI), 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)  
Faraaz

2. Surname (Last Name)  
Shah

3. Date  
10-July-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Georgios Kitsios

5. Manuscript Title  
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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Shah reports grants from NIH, 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)  
Haopu

2. Surname (Last Name)  
Yang

3. Date  
10-July-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Georgios Kitsios

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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
China Scholarship Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A scholarship for Yang to "pursue study in the USA"

### 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. Yang reports other from China Scholarship Council, 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) Alison      2. Surname (Last Name) Morris      3. Date 10-July-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients

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### Section 1. Identifying Information

1. Given Name (First Name) Shulin	2. Surname (Last Name) Qin	3. Date 10-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Georgios Kitsios, MD PhD
5. Manuscript Title Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients.		
6. Manuscript Identifying Number (if you know it) Blue-201912-2441OC.R1		

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Dr. Qin has nothing to disclose.

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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.

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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)  
John

2. Surname (Last Name)  
Evankovich

3. Date  
20-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Georgios Kitsios

5. Manuscript Title

Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients.

6. Manuscript Identifying Number (if you know it)

Blue-201912-2441OC.R1

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Evankovich 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)  
Libing

2. Surname (Last Name)  
Yang

3. Date  
20-July-2020

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

5. Manuscript Title  
Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients

6. Manuscript Identifying Number (if you 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.)?

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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### 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. Yang has nothing to disclose.

### Evaluation and Feedback

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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)  
Bryan

2. Surname (Last Name)  
McVerry

3. Date  
13-July-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Georgios Kitsios

5. Manuscript Title  
Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients.

6. Manuscript Identifying Number (if you know it)  
Blue-201912-2441OC.R1

### 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

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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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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
Bayer Pharmaceuticals, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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. McVerry reports grants from NIH, during the conduct of the study; grants from Bayer Pharmaceuticals, Inc., 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) Adam	2. Surname (Last Name) Fitch	3. Date 29-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Georgios Kitsios
5. Manuscript Title Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients		
6. Manuscript Identifying Number (if you know it) 201912-2441OC.R1		

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

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
William

2. Surname (Last Name)  
Bain

3. Date  
10-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kitsios, Georgios

5. Manuscript Title

Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients

6. Manuscript Identifying Number (if you know it)

Blue-201912-2441OC.R1

### 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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### 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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Dr. Bain has nothing to disclose.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Katherine

2. Surname (Last Name) Fair

3. Date 10-July-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Kitsios, Georgios

5. Manuscript Title Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients

6. Manuscript Identifying Number (if you know it) Blue-201912-2441OC.R1

### 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

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

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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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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### 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?

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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. Fair has nothing to disclose.

### Evaluation and Feedback

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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)  
Georgios

2. Surname (Last Name)  
Kitsios

3. Date  
10-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients

6. Manuscript Identifying Number (if you know it)  
Blue-201912-2441OC.R1

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Karius, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I received a research grant from Karius Inc to study pneumonia pathogens

### 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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### 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):
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Mr Haopu Yang and Ms Libing Yang (co-authors in this manuscript) are Medical Students at the Tsinghua University School of Medicine in China and visiting scholars at the University of Pittsburgh School of Medicine. Dr. Kitsios has been a research mentor for Mr Haopu Yang and Ms Libing Yang during their visiting scholarship.

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### Section 6. Disclosure Statement

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Dr. Kitsios reports grants from Karius, Inc, outside the submitted work; and Mr Haopu Yang and Ms Libing Yang (co-authors in this manuscript) are Medical Students at the Tsinghua University School of Medicine in China and visiting scholars at the University of Pittsburgh School of Medicine. Dr. Kitsios has been a research mentor for Mr Haopu Yang and Ms Libing Yang during their visiting scholarship. .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kelvin	2. Surname (Last Name) Li	3. Date 10-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Georgios Kitsios
5. Manuscript Title Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients		
6. Manuscript Identifying Number (if you know it) Blue-201912-2441OC.R1		

### 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

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. Li 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)  
Xiaohong

2. Surname (Last Name)  
Wang

3. Date  
13-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients

6. Manuscript Identifying Number (if you know it)  
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### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Wang 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)  
Barbara

2. Surname (Last Name)  
Méthé

3. Date  
13-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Respiratory Tract Dysbiosis is Associated with Worse Outcomes in Mechanically-Ventilated Patients

6. Manuscript Identifying Number (if you know it)  
Blue-201912-2441OC.R1

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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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Dr. Methé has nothing to disclose.

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