

#### **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.

## Identifying information.

## 2. The work under consideration for publication.

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

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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

Alcala 1



Section 1.	Identifying Inform	ation		
1. Given Name (First	t Name)	2. Surname (Last Name) Alcala	3. Date 02-October-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Perier, François	
5. Manuscript Title Effect of PEEP and	proning on ventilatio	on and perfusion in COVID	19 ARDS	
6. Manuscript Ident Blue-202008-3058	ifying Number (if you kn BLE.R2	ow it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	tation	
any aspect of the sul statistical analysis, et	bmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyri <u>c</u>	yhts	
Do you have any p	patents, whether plans	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Alcala 2



Section 5. Relationships not covered above			
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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			
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.			
Dr. Alcala has nothing to disclose.			

## **Evaluation and Feedback**

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Alcala 3



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patent

Amato 1



Section 1. Identifying Inform	nation			
Given Name (First Name)  Marcelo	2. Surname (Last Name) Amato	3. Date 02-October-2020		
4. Are you the corresponding author?	☐ Yes    ✓ No	Corresponding Author's Name Perier, François		
5. Manuscript Title Effect of PEEP and proning on ventilation	on and perfusion in COVID	19 ARDS		
6. Manuscript Identifying Number (if you ki Blue-202008-3058LE.R2	now it)			
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	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,		
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Section 4. Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Amato 2



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1

CARTEAUX



Section 1. Identifying In	formation			
1. Given Name (First Name) Guillaume	2. Surname (Last Name) CARTEAUX	3. Date 02-October-2020		
4. Are you the corresponding author:	Yes 🗸 No	Corresponding Author's Name François Perier		
5. Manuscript Title Effect of PEEP and proning on ventilation and perfusion in COVID19 ARDS				
6. Manuscript Identifying Number (if Blue-202008-3058LE.R2	you know it)			
		_		
Section 2. The Work Unc	ler Consideration for Public	cation		
	luding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,		
Section 3. Relevant final	ncial activities outside the s	submitted work.		
of compensation) with entities as	described in the instructions. Us ald report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.		
If yes, please fill out the appropria				
Name of Entity	Grant? Personal Noi	n-Financial other? Comments		
Air Liquide Medical System				
öwenstein				
Section 4. Intellectual Pr	operty Patents & Copyrig	ghts		
Do you have any patents, whether	r planned, pending or issued, br	oadly relevant to the work? Yes V No		

CARTEAUX 2



Section 5. Polationships not severed above			
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Section 6			
Section 6. Disclosure Statement			
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Dr. CARTEAUX reports personal fees from Air Liquide Medical System, personal fees from Löwenstein, outside the submitted work; .			

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1

administrative support, etc.



Section 1. Identifying Inform	nation			
Given Name (First Name) Nicolas	2. Surname (Last Name) de Prost	3. Date 02-October-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Francois Perier		
5. Manuscript Title Effect of PEEP and proning on ventilati	on and perfusion in COVID	19 ARDS		
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Section 4. Intellectual Prope	rty Patents & Copyrig	yhts		
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No		

de Prost 2



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Dr. de Prost has nothing to disclose.			

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Haudebourg 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Anne-Fleur	rst Name)	2. Surname (Last Name) Haudebourg	_	3. Date 02-October-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name	e
5. Manuscript Title Effect of PEEP an		on and perfusion in COVID	19 ARDS	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Haudebourg 2



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

1

MARAFFI



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Tommaso	rst Name)	2. Surname (Last Name) MARAFFI	3. Date 03-October-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Francois Perier	
5. Manuscript Title Effect of PEEP ar		on and perfusion in COVID	19 ARDS	
6. Manuscript Ide Blue-202008-305	ntifying Number (if you kr 58LE.R2	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts	
Do you have any			oadly relevant to the work? Yes V No	

MARAFFI 2



Section 5.	Delationshing 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 follow	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 abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
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MARAFFI 3



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

patent

MEKONTSO DESSAP 1



Section 1. Identifying Inform	ation		
Given Name (First Name)  ARMAND	2. Surname (Last Name) MEKONTSO DESSAP		3. Date 03-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	
5. Manuscript Title Effect of PEEP and proning on ventilatio	n and perfusion in COVID	19 ARDS	
6. Manuscript Identifying Number (if you kn 3058LE.R2	ow it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	est? Yes No ormation below. If you have g the "X" button.	eta monitoring board, st	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Support?	Comments
TIMPEL		<b>✓</b>	MATERIAL FOR EIT ASSESSMENT
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interest.	bed in the instructions. Use port relationships that we	se one line for each er	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plans	ned, pending or issued, bi	oadly relevant to the	work? Yes V

MEKONTSO DESSAP 2



Section 5. Polationships not severed above
Relationships not covered above
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Section 6. Disalogues Statement
Disclosure Statement
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Dr. MEKONTSO DESSAP reports non-financial support from TIMPEL, during the conduct of the study.

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Perier 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Francois	2. Surname (Last Name) Perier	3. Date 02-October-2020	
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Effect of PEEP and proning on ventilati	on and perfusion in COVID19 ARDS		
6. Manuscript Identifying Number (if you k Blue-202008-3058LE.R2	now it)		
Section 2. The Work Under C	Consideration for Publication		
Did you or your institution <b>at any time</b> 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 Vo			
Section 3. Relevant financial	activities outside the submitted work.		
of compensation) with entities as desc	in the table to indicate whether you have financial register in the instructions. Use one line for each entity eport relationships that were <b>present during the 36</b> rest?	; add as many lines as you need by	
Section 4. Intellectual Prope	rty Patents & Copyrights		
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the wor	k? ☐ Yes ✓ No	

Perier 2



Section 5. Relationships not severed above
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Tuffet 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Samuel	rst Name)	2. Surname (Last Name) Tuffet	3. Date 02-October-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Francois Perier
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Tuffet 2



Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
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Victor 1



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Given Name (Fire Marcus	st Name)	2. Surname (Last Name) Victor	3. Date 02-October-2020
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Perier, François
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Victor 2



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