

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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4. Intellectual Property.

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

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

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Bacchetta 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fir Matthew	rst Name)	2. Surname (Last Name) Bacchetta	3. Date 21-September-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Matthew Mart
5. Manuscript Title Pneumomediast	e inum in ARDS from CO	VID-19 Infection	
6. Manuscript Ider Blue-202008-337	ntifying Number (if you kr '6IM	now it)	
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted 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.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Bacchetta 2



Section 5. Belationships not solvered 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):
✓ 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. Bacchetta has nothing to disclose.

Evaluation and Feedback

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Bacchetta 3



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Casey 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jonathan	2. Surname (Last Name) Casey	3. Date 21-September-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Matthew Mart
5. Manuscript Title Pneumomediastinum in ARDS from CO	VID-19 Infection	
6. Manuscript Identifying Number (if you kr Blue-202008-3376IM	now 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	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	ibed in the instructions. Uport relationships that we est?	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tree present during the 36 months prior to publication.
Name of Entity	Grant? Personal No	n-Financial Other? Comments
National Heart, Lung, and Blood Institute	✓	K23HL153584
Section 4. Intellectual Proper	ty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Casey 2



Section 5.			
Re	lationships not covered above		
	onships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work?		
Yes, the following	relationships/conditions/circumstances are present (explain below):		
✓ No other relations	ships/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. Die			
Dis	closure Statement		
Based on the above d below.	lisclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Casey reports gra	nts from National Heart, Lung, and Blood Institute outside the submitted work.		

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Casey 3



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

Ely 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) 2. Surname (Last Name) E. Wesley Ely			ne)		3. Date 24-September-2020
4. Are you the corresponding author?	Yes	Yes No Corresponding Author's Na Matthew Mart			or's Name
5. Manuscript Title Pneumomediastinum in ARDS from COV	/ID-19 Inf	ection			
6. Manuscript Identifying Number (if you kn Blue-202008-3376IM	ow it)				
Section 2. The Work Under Co	onsidera	tion for P	ublication		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lin		its, data monitoring		
Section 3. Palacont Granuical			المعادة مناه		
Relevant financial	activities	outsiae	tne submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep	bed in the	instruction	ns. Use one line fo	or each er	ntity; add as many lines as you need by
Are there any relevant conflicts of intere	st? ✓	Yes	No		
If yes, please fill out the appropriate info	rmation k	elow.			
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute on Aging	√				R01AG027472
National Institute on Aging	✓				R01AG035117
National Heart, Lung, and Blood Institute					R01HL111111
National Institute of General Medical Sciences					R01GM120484
National Institute on Aging	✓				R01AG058639
Pfizer				✓	Honoraria
illy Pharmaceuticals				✓	Honoraria

Ely 2



Section 4. Intellectual Property Patents & Copyrights	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume	
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 statemen On occasion, journals may ask authors to disclose further information about reported relationships.	ts.
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. Ely reports grants from National Institute on Aging, grants from National Institute on Aging, grants from National Heart, Lung, and Blood Institute, grants from National Institute of General Medical Sciences, grants from National Institute on Aging, and honoraria from Pfizer and Lilly Pharmaceuticals outside the submitted work.	

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Ely 3



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Lisa	irst Name)	2. Surname (Flemmons	Last Name)	- Bagin		3. Date 22-Septembe	r-2020
4. Are you the co	rresponding author?	Yes	✓ No	Corresponding Matthew Mart		me	
Manuscript Titl Pneumomedias	e tinum in ARDS from CC	OVID-19 Infection	on				
6. Manuscript Ide	ntifying Number (if you k	now it)					
Section 2.	The Work Under C	onsideration	n for Public	ation			
any aspect of the statistical analysis, Are there any rel	stitution at any time recessibilitied work (including etc.)? evant conflicts of inter	g but not limited					
Section 3.	Relevant financial	activities ou	tside the s	ubmitted wor	rk.		
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Section 4.	Intellectual Proper	rty Patents	& Copyrig	hts			
Do you have any	patents, whether plan	ned, pending	or issued, bro	oadly relevant to	o the work?	? Yes	/ No

Flemmons



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of lencing, what you wrote in the submitted work?
Yes, the foll	owing relationships/conditions/circumstances are present (explain below):
✓ No other re	ationships/conditions/circumstances that present a potential conflict of interest
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. urnals may ask authors to disclose further information about reported relationships. Disclosure Statement
Based on the all below.	pove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
NP Flemmons	has nothing to disclose.

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Flemmons



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

Mart 1



Section 1. Identifying Inform	nation						
Given Name (First Name) Matthew	2. Surname (Last Name) Mart		3. Date 25-September-2020				
4. Are you the corresponding author? ✓ Yes No							
5. Manuscript Title Pneumomediastinum in ARDS from COVID-19 Infection							
6. Manuscript Identifying Number (if you k Blue-202008-3376IM	now it)						
Section 2. The Work Under C	onsideration for Publicat	ion					
Did you or your institution at any time receany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the submitted work.	g but not limited to grants, data r						
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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 Non-Fi	ont? Other? Co	omments				
National Heart, Lung, and Blood Institute	✓	T32l	HL087738				
Arthur and Lisa Wheeler Critical Care Research Grant		Vand	derbilt University Medical Center				
Section 4. Intellectual Prope	rty Patents & Copyright	S					
Do you have any patents, whether plan			k? ☐ Yes 🗸 No				

Mart 2



Coation F				
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
	grants from National Heart, Lung, and Blood Institute and a grant from Arthur and Lisa Wheeler Critical Care outside the submitted work.			

Evaluation and Feedback

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Norfolk 1



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4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Matthew Mart
5. Manuscript Title Pneumomediast	e inum in ARDS from CO	VID-19 Infection	
6. Manuscript Ide Blue-202008-33	ntifying Number (if you kr 76IM	now it)	
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any aspect of the s statistical analysis,	ubmitted work (including	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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Norfolk 2



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Deculon 5.	Relationships not covered above					
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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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Other: Anything not covered under the previous three boxes

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Noto 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Michael	2. Surname (Last Name) Noto	3. Date 25-September-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Pneumomediastinum in ARDS from Co	OVID-19 Infection	
6. Manuscript Identifying Number (if you label) Blue-202008-3376IM	know it)	
Section 2. The Work Under 0	Consideration for Publication	
	eive payment or services from a third party (governmen ng but not limited to grants, data monitoring board, stud rest? Yes V No	
Section 3. Relevant financia	l 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 Vo		
Section 4. Intellectual Prope	erty Patents & Copyrights	
Do you have any patents, whether pla	nned, pending or issued, broadly relevant to the w	ork? ☐ Yes ✓ No

Noto 2



Section 5.		
R	elationships not covered above	
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?	
Yes, the following relationships/conditions/circumstances are present (explain below):		
✓ No other relation	nships/conditions/circumstances that present a potential conflict of interest	
	sscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Is may ask authors to disclose further information about reported relationships.	
Section 6. Di	isclosure Statement	
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Noto has nothin	g to disclose.	

Evaluation and Feedback

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Noto 3



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

Semler 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Matthew	2. Surname (Last Name) Semler	3. Date 21-September-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Matthew Mart
5. Manuscript Title Pneumomediastinum in ARDS from CO	VID-19 Infection	
6. Manuscript Identifying Number (if you kr Blue-202008-3376IM	now 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	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 financial	activities outside the	submitted work.
of compensation) with entities as descri	ibed in the instructions. Uport relationships that we lest? Yes No	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Name of Entity	Grant? Personal No	n-Financial other? Comments
National Heart Lung and Blood Institute	✓	K23HL143053
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Semler 2



Section 5. Polationships 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):
✓ 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. Semler reports grants from National Heart Lung and Blood Institute outside the submitted work.

Evaluation and Feedback

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Semler 3



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Stokes 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Stokes	3. Date 21-September-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Matthew Mart
5. Manuscript Title Pneumomediast	e inum in ARDS from CO	VID-19 Infection	
6. Manuscript Ider Blue-202008-337	ntifying Number (if you kr 76IM	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
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Section 4.	Intellectual Proper	rty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Stokes 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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✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest	
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Section 6.	Disclosure Statement	
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Dr. Stokes has no	othing to disclose.	

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Stokes 3



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Trindade 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Anil	2. Surname (Last Name) Trindade	3. Date 21-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Matthew Mart
5. Manuscript Title Pneumomediastinum in ARDS from CC	VID-19 Infection	
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	g but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Trindade 2



Section 5. Roles		
Relat	ionships not covered above	
	ships or activities that readers could perceive to have influenced, or that give the appearance of what you wrote in the submitted work?	
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✓ No other relationship	os/conditions/circumstances that present a potential conflict of interest	
	ot acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ay ask authors to disclose further information about reported relationships.	
Section 6. Disclo	osure Statement	
Based on the above disc below.	closures, this form will automatically generate a disclosure statement, which will appear in the box	
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Trindade 3