

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Angela	2. Surname (Last Name) Shih	3. Date 30-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jennifer Goldman
5. Manuscript Title Trimethoprim-Sulfamethoxazole Associated Respiratory Failure Requiring ECMO		
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

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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. Shih 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)
Mari

2. Surname (Last Name)
Mino-Kenudson

3. Date
30-August-2020

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

5. Manuscript Title
Trimethoprim-Sulfamethoxazole Associated Respiratory Failure Requiring ECMO

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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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
H3 Biomedicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mino-Kenudson reports personal fees from H3 Biomedicine, personal fees from AstraZeneca, grants from Novartis, 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)

Jennifer

2. Surname (Last Name)

Goldman

3. Date

31-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Trimethoprim-Sulfamethoxazole Associated Respiratory Failure Requiring ECMO

6. Manuscript Identifying Number (if you know it)

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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 - NIGMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant number - R01 GM129783-03 Proposal Title: Trimethoprim: an overlooked contributor of trimethoprim-sulfamethoxazole idiosyncratic adverse drug reactions

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Dr. Goldman reports grants from NIH - NIGMS, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Jenna

2. Surname (Last Name)
Miller

3. Date
31-August-2020

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5. Manuscript Title
Trimethoprim-Sulfamethoxazole Associated Respiratory Failure Requiring ECMO

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Martin

2. Surname (Last Name)
Taylor

3. Date
01-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Trimethoprim-Sulfamethoxazole Associated Respiratory Failure Requiring ECMO

6. Manuscript Identifying Number (if you know it)

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Dr. Taylor has nothing to disclose.

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