

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)
Ross

2. Surname (Last Name)
Blank

3. Date
30-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Leigh Cagino c/o Jack Iwashyna

5. Manuscript Title
Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan

6. Manuscript Identifying Number (if you know it)
White-202009-1096RLR1

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Dr. Blank 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)
theodore

2. Surname (Last Name)
iwashyna

3. Date
20-November-2020

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

5. Manuscript Title
Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan

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 K12 HL138039	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VA HSR+D 17-045	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. iwashyna reports grants from NIH K12 HL138039 , grants from VA HSR+D 17-045, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Chinn	3. Date 30-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan		
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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dru	2. Surname (Last Name) Claar	3. Date 25-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Leigh Cagino c/o Jack Iwashyna
5. Manuscript Title Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan		
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1. Given Name (First Name)

Jose

2. Surname (Last Name)

De Cardenas

3. Date

30-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Leigh Cagino c/o Jack Iwashyna

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) theodore

2. Surname (Last Name) iwashyna

3. Date 20-November-2020

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

5. Manuscript Title Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan

6. Manuscript Identifying Number (if you know it) White-202009-1096RLR1

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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 K12 HL138039	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VA HSR+D 17-045	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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Dr. iwashyna reports grants from NIH K12 HL138039 , grants from VA HSR+D 17-045, 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)
Michael

2. Surname (Last Name)
Kenes

3. Date
25-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Leigh Cagino c/o Jack Iwashyna

5. Manuscript Title
Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan

6. Manuscript Identifying Number (if you know it)
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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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Dr. Kenes has nothing to disclose.

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1. Given Name (First Name) Jacquelyn	2. Surname (Last Name) Kercheval	3. Date 20-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Leigh Cagino
5. Manuscript Title Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan		
6. Manuscript Identifying Number (if you know it) White-202009-1096RLR1		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jakob	2. Surname (Last Name) McSparron	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Leigh Cagino c/o Jack Iwashyna
5. Manuscript Title Association of Tracheostomy with Changes in Sedation During COVID-19: A Quality Improvement Evaluation at the University of Michigan		
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