ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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.

Use this section to report 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.

Definitions.

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date       |
|---------------------------|------------------------|---------------|
| Michael                  | Salna                  | 18-March-2020 |

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Daniel Brodie

5. Manuscript Title  
   Physical Rehabilitation in the Awake Patient Receiving Extracorporeal Circulatory or Gas Exchange Support

6. Manuscript Identifying Number (if you know it)  
   ATM-2019-PM-01(ATM-19-4148A)

**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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**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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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Salna has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Darryl

2. **Surname (Last Name)**
   - Abrams

3. **Date**
   - 18-March-2020

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [✓]

   **Corresponding Author’s Name**
   - Daniel Brodie

5. **Manuscript Title**
   - Physical Rehabilitation in the Awake Patient Receiving Extracorporeal Circulatory or Gas Exchange Support

6. **Manuscript Identifying Number (if you know it)**
   - ATM-2019-PM-01(ATM-19-4148A)

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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

## 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 1. Identifying Information

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Brodie

3. Date  
18-March-2020

4. Are you the corresponding author?  
✓ Yes  
No

5. Manuscript Title  
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☐ No

If yes, please fill out the appropriate information below.

| Name of Entity     | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments                                      |
|--------------------|--------|----------------|------------------------|--------|-----------------------------------------------|
| ALung Technologies | ☑️     | ☐️             | ☐️                     | ☐️     | Research support to university.              |
| ALung Technologies | ☐️     | ☐️             | ☐️                     | ☑️     | Medical Advisory Board (past)                |
| Baxter             | ☐️     | ☐️             | ☐️                     | ☑️     | Medical Advisory Board (past)                |
| Xenios             | ☐️     | ☐️             | ☑️                     | ☑️     | Medical Advisory Board                       |
| BREETHE            | ☐️     | ☐️             | ☑️                     | ☑️     | Medical Advisory Board                       |
| Hemovent           | ☐️     | ☐️             | ☑️                     | ☑️     | Medical Advisory Board                       |
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Dr. Brodie reports grants from ALung Technologies, other from ALung Technologies, other from Baxter, other from Xenios, other from BREETHE, other from Hemovent, outside the submitted work.

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