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”.

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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.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Michael  

2. Surname (Last Name)  
   Harhay  

3. Date  
   08-April-2019  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Re-appraisal of ventilator-free days in critical care research  

6. Manuscript Identifying Number (if you know it)  
   Blue-201810-2050CP  

### 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  

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 |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| National Institutes of Health | ✔      |                |                        |        |          |

### Section 3. Relevant financial 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  
   ✔ No  

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  
   ✔ No  

Harhay
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):

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I am a statistical editor at the Annals of the American Thoracic Society.

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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. Harhay reports grants from National Institutes of Health, during the conduct of the study; and I am a statistical editor at the Annals of the American Thoracic Society.

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) | Martha |
|----------------------------|--------|
| 2. Surname (Last Name)    | Curley |
| 3. Date                   | 01-March-2019 |
| 4. Are you the corresponding author? | Yes ✔ No |
| Corresponding Author's Name | Nadir Yehya |
| 5. Manuscript Title        | Re-appraisal of ventilator-free days in critical care research |
| 6. Manuscript Identifying Number (if you know it) | Blue-201810-2050CP |

**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. Curley has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Ron

2. Surname (Last Name)  Reeder

3. Date  21-February-2019

4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  Nadir Yehya

5. Manuscript Title  Re-appraisal of ventilator-free days in critical care research

6. Manuscript Identifying Number (if you know it)  Blue-201810-2050CP

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

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Section 6. Disclosure Statement
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Dr. Reeder has nothing to disclose.

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Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| David | Schoenfeld | 26-February-2019 |
| 4. Are you the corresponding author? |   |   |
| Yes | No |

Corresponding Author’s Name
Nadir Yehya

5. Manuscript Title
Re-appraisal of ventilator-free days in critical care research

6. Manuscript Identifying Number (if you know it)
Blue-201810-2050CP

Section 2. The Work Under Consideration for Publication

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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

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 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):
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Dr. Schoenfeld 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)
Nadir

### 2. Surname (Last Name)
Yehya

### 3. Date
22-February-2019

### 4. Are you the corresponding author?
- [x] Yes
- [ ] No

### 5. Manuscript Title
Re-appraisal of ventilator-free days in critical care research

### 6. Manuscript Identifying Number (if you know it)
Blue-201810-2050CP

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Are there any relevant conflicts of interest?  
- [x] 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/NHLBI                   | ✔      |                |                        |        |          |

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

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Are there any relevant conflicts of interest?  
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- [ ] No

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Pfizer         | ✔      |                |                        |        |          |
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Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes  ✔ No

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Dr. Yehya reports grants from NIH/NHLBI, during the conduct of the study; grants from Pfizer, outside the submitted work; .

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