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4. **Intellectual Property.**

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Shawn                    | Aaron                  | 24-September-2020 |

| 4. Are you the corresponding author? |
|-------------------------------------|
| ☑ Yes                               | No                     |

| 5. Manuscript Title |
|---------------------|
| Response to Dr. Vozoris’ Letter to the AmJRCCM Editor |

| 6. Manuscript Identifying Number (if you know it) |
|--------------------------------------------------|
| Blue-202009-3605LE                                |

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Aaron has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
   Edward

2. Surname (Last Name)  
   Charbek

3. Date  
   24-September-2020

4. Are you the corresponding author?  
   Yes  
   No  
   ✔

5. Manuscript Title  
   Response to Dr. Vozoris’ Letter to the AmJRCCM Editor

6. Manuscript Identifying Number (if you know it)  
   Blue-202009-3605LE

## Section 2. The Work Under Consideration for Publication

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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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   Yes  
   No  
   ✔

If yes, please fill out the appropriate information below.

| Name of Entity         | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments                  |
|------------------------|--------|----------------|------------------------|--------|--------------------------|
| Theravance/Mylan       |        | ✓              |                        |        | Speaker, advisory board   |

## 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

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Dr. Charbek reports personal fees from Theravance/Mylan, 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)  Linda
2. Surname (Last Name)  Nici
3. Date  24-September-2020
4. Are you the corresponding author?  Yes ☐  No ☑

5. Manuscript Title  Response to Dr. Vozoris’ Letter to the AmJRCCM Editor
6. Manuscript Identifying Number (if you know it)  Blue-202009-3605LE

Corresponding Author’s Name  Shawn Aaron

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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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. Nici has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Manoj

2. Surname (Last Name)  
   Mammen

3. Date  
   24-September-2020

4. Are you the corresponding author?  
   Yes  No
   ✔ No

   Corresponding Author’s Name  
   Shawn Aaron

5. Manuscript Title  
   Response to Dr. Vozoris’ Letter to the AmJRCCM Editor

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   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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   ✔ No
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Dr. Mammen has nothing to disclose.

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Alexander
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Alexander

3. Date  
   25-September-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Shawn Aaron

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. Alexander has nothing to disclose.

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