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.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

| 1. Given Name (First Name) | Eduardo |
|---------------------------|---------|
| 2. Surname (Last Name)    | Kattan  |
| 3. Date                   | 18-May-2020 |

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

Corresponding Author’s Name
Glenn Hernández

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.)?

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Section 6. Disclosure Statement

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Dr. Kattan 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) | Ricardo |
|-----------------------------|---------|
| 2. Surname (Last Name)      | Castro  |
| 3. Date                     | 18-May-2020 |
| 4. Are you the corresponding author? | ☑ No |
| Corresponding Author's Name | Glenn Hernández |

| 5. Manuscript Title |
|---------------------|
| OPTIMAL TARGET IN SEPTIC SHOCK RESUSCITATION |

| 6. Manuscript Identifying Number (if you know it) |
|---------------------------------------------------|
| ATM-2020-HDM-15(ATM-20-1120)                     |

**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? ☑ No

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date       |
|----------------------------|------------------------|--------------|
| Magdalena                  | Vera                   | 18-May-2020  |

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

| Corresponding Author’s Name |
|-----------------------------|
| Glenn Hernández             |

5. Manuscript Title

OPTIMAL TARGET IN SEPTIC SHOCK RESUSCITATION

6. Manuscript Identifying Number (if you know it)

ATM-2020-HDM-15(ATM-20-1120)

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|---------------------------|------------------------|---------|
| Glenn                     | Hernández              | 18-May-2020 |

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

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