ICMJE DISCLOSURE FORM

Date: _19-05-2021_  
Your Name: Laura Hagens
Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study  
Manuscript number (if known): ATM-21-1384

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|
|   | Time frame: Since the initial planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
No time limit for this item. | X_None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None |
| 3 | Royalties or licenses | X_None |
| 4 | Consulting fees | X_None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony | X | None |
| 7 | Support for attending meetings and/or travel | X | None |
| 8 | Patents planned, issued or pending | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11 | Stock or stock options | X | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13 | Other financial or non-financial interests | X | None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 17-5-2021  
Your Name: Nanon F.L. Heijnen  
Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study  
Manuscript number (if known): ATM-21-1384

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|---------------------------------------------------|---------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
No time limit for this item. | _X_ None |  
_Specifications/Comments (e.g., if payments were made to you or to your institution)_ |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3    | Royalties or licenses | _X_ None |
| 4    | Consulting fees | _X_ None |
Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 17-05-2021

Your Name: Marry R. Smit

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | **X** None **No time limit for this item.** |
|   |                                                                                     |                                                                                  |
|   |                                                                                     |                                                                                  |
|   |                                                                                     |                                                                                  |
|   |                                                                                     |                                                                                  |
|   |                                                                                     |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).             | **X** None **No time limit for this item.**                                      |
|   |                                                                                     |                                                                                  |
| 3 | Royalties or licenses                                                                | **X** None                                                                    |
|   |                                                                                     |                                                                                  |
| 4 | Consulting fees                                                                       | **X** None                                                                    |
|   |                                                                                     |                                                                                  |
|   |                                                                 |   |
|---|------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                    | _X_ None |
| 7 | Support for attending meetings and/or travel                     | _X_ None |
| 8 | Patents planned, issued or pending                               | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                           | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                        | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:  May 17th, 2021
Your Name:  Alwin R.M. Verschueren
Manuscript Title:  DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study
Manuscript number (if known):  ATM-21-1384

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
No time limit for this item. | Philips  
Employed by company Philips |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Philips  
Employed by company Philips |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Philips | Manuscript writing is task included in employment contract |
|---|------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|
|   | Payment for expert testimony | ___X__ None | |
|   | Support for attending meetings and/or travel | Philips | Travel costs are reimbursed by employer |
|   | Patents planned, issued or pending | Philips | Patents pending |
|   | Participation on a Data Safety Monitoring Board or Advisory Board | ___X__ None | |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___X__ None | |
|   | Stock or stock options | ___X__ None | |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___X__ None | |
|   | Other financial or non-financial interests | ___X__ None | |

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ICMJE DISCLOSURE FORM

Date:  May 17th, 2021
Your Name:  Tamara M.E. Nijsen
Manuscript Title:  DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study
Manuscript number (if known):  ATM-21-1384

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|---|---------------------------------------------------|----------------------------------------------------------------------------------|
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|   | **No time limit for this item.** | | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Philips | Employed by company Philips |
| 3 | Royalties or licenses | __X__None |
| 4 | Consulting fees | __X__None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Philips | Manuscript writing is task included in employment contract |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | Philips | Travel costs are reimbursed by employer |
| 8 | Patents planned, issued or pending | Philips | Patents pending |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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Date: May 18th, 2021
Your Name: Inge T.M. Geven
Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study
Manuscript number (if known): ATM-21-1384

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|----|--------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Philips | Employed by company Philips |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above). | Philips | Employed by company Philips |
| 3  | Royalties or licenses | X None |
| 4  | Consulting fees | X None |
|   | Conflict of Interest Category                                                                 | Company | Additional Information                                                                 |
|---|-----------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or     | Philips | Manuscript writing is task included in employment contract                               |
|   | educational events                                                                            |         |                                                                                        |
| 6 | Payment for expert testimony                                                                  | _X_ None|
| 7 | Support for attending meetings and/or travel                                                  | Philips | Travel costs are reimbursed by employer                                                  |
| 8 | Patents planned, issued or pending                                                             | Philips | Patents pending                                                                         |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                             | _X_ None|
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or   | _X_ None|
|   | unpaid                                                                                         |         |                                                                                        |
| 11| Stock or stock options                                                                        | _X_ None|
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services             | _X_ None|
| 13| Other financial or non-financial interests                                                     | _X_ None|

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Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: may 17, 2021
Your Name: Marcus J Schultz
Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study
Manuscript number (if known): ATM-21-1384

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|---|---|---|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | __X__None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None |
| 3 | Royalties or licenses | __X__None |
| 4 | Consulting fees | __X__None |
|   | Description                                                                 | X  |
|---|-----------------------------------------------------------------------------|----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

Marcus Schultz_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

[Signature]
ICMJE DISCLOSURE FORM

Date: 19-05-2021
Your Name: Dennis CJ Bergmans, MD, PhD

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study
Manuscript number (if known): ATM-21-1384

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|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                   |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | _None_                                                                          |
|   | **Time frame: past 36 months**                                                           |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                 | _None_                                                                          |
| 3 | Royalties or licenses                                                                    | _None_                                                                          |
| 4 | Consulting fees                                                                         | _None_                                                                          |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 17th May 2021
Your Name: Ronny Schnabel

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study
Manuscript number (if known): ATM-21-1384

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|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | No time limit for this item. | |

Time frame: Since the initial planning of the work

|   | Grant for research project, Lung fund, The Netherlands |
|---|------------------------------------------------------|
| 2 | Royalties or licenses | None |

Time frame: past 36 months
|   | Consulting fees   | None                          |
|---|------------------|-------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None                          |
| 6 | Payment for expert testimony | None                          |
| 7 | Support for attending meetings and/or travel | None                          |
| 8 | Patents planned, issued or pending | None                          |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None                          |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None                          |
| 11| Stock or stock options | None                          |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None                          |
| 13| Other financial or non-financial interests | None                          |

**Please summarize the above conflict of interest in the following box:**

Grant received for the research project, Lung fund, The Netherlands

**Please place an “X” next to the following statement to indicate your agreement:**
“X” I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 19-5-2021
Your Name: Lieuwe Bos

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study
Manuscript number (if known): ATM-21-1384

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|---|---|---|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | Health Holland / Dutch Lung Foundation | Industry Academia Partnership |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Amsterdam UMC | Personal fellowship |
| | Innovative Medicine Initiative | | |
| | Dutch Lung Foundation | Dirkje Postma Award | |
| 3 | Royalties or licenses | _X_ None | |

None
Please summarize the above conflict of interest in the following box:

The author received grants from Health Holland, Dutch Lung Foundation (longfonds), Innovative medicine initiative and Amsterdam UMC.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.