ICMJE DISCLOSURE FORM

Date: ___2022-01-24__________________________
Your Name: ___Wen Sun__________________________

Manuscript Title: ___ The effects of midazolam or propofol plus fentanyl on ICU mortality: a retrospective study based on the MIMIC-IV database ___
Manuscript number (if known): ________________________________________________________________

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) |
|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 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: Since the initial planning of the work                                              |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __√__None                                                                            |
| 3 | Royalties or licenses                                                                           | __√__None                                                                            |
| 4 | Consulting fees                                                                                 | __√__None                                                                            |
|   | Time frame: past 36 months                                                                      |                                                                                     |
|   |   |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |  __V__None |
| 6 | Payment for expert testimony |  __V__None |
| 7 | Support for attending meetings and/or travel |  __V__None |
| 8 | Patents planned, issued or pending |  __V__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board |  __V__None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |  __V__None |
| 11 | Stock or stock options |  __V__None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  __V__None |
| 13 | Other financial or non-financial interests |  __V__None |

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

Dr. Sun has nothing to disclose.

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: ___2022-01-24______________________________
Your Name: ___ Yang Yan ________________________________
Manuscript Title: ___ The effects of midazolam or propofol plus fentanyl on ICU mortality: a retrospective study based on the MIMIC-IV database __
Manuscript number (if known): __________________________________________

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| Item | Relationship/Activity/Interest | 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.) | ___√___None | ![Specifications/Comments](example) |
|      | **No time limit for this item.** | ![Time frame: Since the initial planning of the work](example) | ![Time frame: past 36 months](example) |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ___√___None | ![Specifications/Comments](example) |
| 3    | Royalties or licenses | ___√___None | ![Specifications/Comments](example) |
| 4    | Consulting fees | ___√___None | ![Specifications/Comments](example) |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _V_None |
| 6 | Payment for expert testimony                                                | _V_None |
| 7 | Support for attending meetings and/or travel                                | _V_None |
| 8 | Patents planned, issued or pending                                          | _V_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _V_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _V_None |
| 11| Stock or stock options                                                      | _V_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _V_None |
| 13| Other financial or non-financial interests                                   | _V_None |

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

Dr. Yan has nothing to disclose.

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: ___ 2022-01-24

Your Name: ___ Shidong Hu

Manuscript Title: ___ The effects of midazolam or propofol plus fentanyl on ICU mortality: a retrospective study based on the MIMIC-IV database

Manuscript number (if known): __________________________________________________________

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.

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|   | Time frame: Since the initial planning of the work                                              |                                                                                   |
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|   | Time frame: past 36 months                                                                     |                                                                                   |
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| 3 | Royalties or licenses                                                                          | ___√___None                                                                       |
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| 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 |

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Dr. Hu has nothing to disclose.

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: ___2022-01-24______________________________________________________________
Your Name: ___ Boyan Liu__________________________________________________________________
Manuscript Title: ___ The effects of midazolam or propofol plus fentanyl on ICU mortality: a retrospective study based on the MIMIC-IV database __
Manuscript number (if known): __________________________________________________________

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.

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Time frame: Since the initial planning of the work

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**Time frame: past 36 months**

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|   |   |
|   |   |
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:

Dr. Liu has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 2022-01-24

Your Name: Shuying Wang

Manuscript Title: The effects of midazolam or propofol plus fentanyl on ICU mortality: a retrospective study based on the MIMIC-IV database

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __√__None |
| 3 | Royalties or licenses | __√__None |
| 4 | Consulting fees | __√__None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| **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 |
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| **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:

Dr. Wang has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: ___ 2022-01-24 ________________________________________________________________

Your Name: ___ Wenli Yu ___________________________________________________________

Manuscript Title: ___ The effects of midazolam or propofol plus fentanyl on ICU mortality: a retrospective study based on the MIMIC-IV database __

Manuscript number (if known): ____________________________________________________________________________________________

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| 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:

Dr. Yu has nothing to disclose.

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: ____2022-01-24___________________________
Your Name: ___ Songyan Li ____________________________
Manuscript Title: ___ The effects of midazolam or propofol plus fentanyl on ICU mortality: a retrospective study based on the MIMIC-IV database ___
Manuscript number (if known): ____________________________________________________________________________

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| 3 | Royalties or licenses | __√__None |
| 4 | Consulting fees | __√__None |
### Conflict of Interest Form

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

Dr. Li has nothing to disclose.

#### 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.