ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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--
de Roubin
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Victor  

2. Surname (Last Name)  
de Roubin  

3. Date  
23-November-2020  

4. Are you the corresponding author?  
☐ Yes  ☑ No  

5. Manuscript Title  
High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study  

6. Manuscript Identifying Number (if you know it)  
ATM-20-6796-R1  

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

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Dr. de Roubin has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Faustine                  | REYNAUD                | 24-November-2020 |

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

| Corresponding Author’s Name |
|-----------------------------|
| THILLE Arnaud               |

5. Manuscript Title
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Dr. REYNAUD has nothing to disclose.

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Rémi

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Coudroy

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23-November-2020

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Corresponding Author’s Name
Arnaud W. Thille

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If yes, please fill out the appropriate information below.

| Name of Entity                      | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-------------------------------------|--------|----------------|------------------------|--------|----------|
| French Intensive Care Society       | ✔      | ✕              | ✕                      | ✕      |          |
| European Respiratory Society        | ✔      | ✕              | ✕                      | ✕      |          |
| Fondation Poitiers Université       | ✔      | ✕              | ✕                      | ✕      |          |
| Ecole doctorale Biosanté            | ✔      | ✕              | ✕                      | ✕      |          |
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Dr. Coudroy reports grants from French Intensive Care Society, grants from European Respiratory Society, grants from Fondation Poitiers Université, grants from Ecole doctorale Biosanté, outside the submitted work.

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|---------------------------|------------------------|---------|
| Maeva                     | RODRIGUEZ              | 24-November-2020 |

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No

Corresponding Author's Name  

THILLE Arnaud

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   Grégoire

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   Monseau

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   24-November-2020

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Arnaud W. Thille

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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)  
   Florent

2. Surname (Last Name)  
   Joly

3. Date  
   24-November-2020

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

   Corresponding Author's Name  
   AW THILLE

5. Manuscript Title  
   High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)  
   ATM-20-6796-R1

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

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Dr. Joly 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) justine
2. Surname (Last Name) bardin
3. Date 23-November-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study
6. Manuscript Identifying Number (if you know it)
   ATM-20-6796-R1

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Are there any relevant conflicts of interest? ☑ No

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Dr. bardin 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) Florence
2. Surname (Last Name) Boissier
3. Date 23-November-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study
6. Manuscript Identifying Number (if you know it) ATM-20-6796-R1

Corresponding Author’s Name Arnaud W. THILLE

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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Dr. Boissier 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)  
   DELPHINE

2. Surname (Last Name) 
   CHATELLIER

3. Date
   23-November-2020

4. Are you the corresponding author? 
   ✔ No

5. Manuscript Title 
   High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it) 
   ATM-20-6796-R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anne

2. Surname (Last Name)  
   VEINSTEIN

3. Date  
   24-November-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

5. Manuscript Title  
   High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)  
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Dr. VEINSTEIN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Rene
2. Surname (Last Name)  Robert
3. Date  24-November-2020
4. Are you the corresponding author?  No

Corresponding Author’s Name  Thille

5. Manuscript Title  High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study
6. Manuscript Identifying Number (if you know it)  ATM-20-6796-R1

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Dr. Robert has nothing to disclose.

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- **Non-Financial Support**: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
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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)  
Jean-Pierre

2. Surname (Last Name)  
FRAT

3. Date  
23-November-2020

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

Corresponding Author's Name
Arnaud W. THILLE

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|---------------------------------|--------|----------------|------------------------|--------|---------------------------------------------------------------------------|
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| SOS oxygene                     | ☐      | ✔              | ☐                      | ☐      | as member of a scientific board                                           |
| French ministry of health       | ✔      | ☐              | ☐                      | ☐      | for conducting randomized controlled trial in 2019                         |
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1. Given Name (First Name)  
   Arnaud W.

2. Surname (Last Name)  
   THILLE

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   23-November-2020

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   ☐ No

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| Covidien             | ☐      | ☑              | ☐                      | ☐      | payment for lectures and travel expense coverage to attend scientific meetings |
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