ICMJE DISCLOSURE FORM

Date: 2021-10-23  
Your Name: Yingzhi Wang  
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study  
Manuscript number (if known): JTD-21-1217-CL

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
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Date: 2021-11-18
Your Name: Liming Lei
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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Date: 2021-11-18
Your Name: Huawei Yang

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
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| lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
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Date: 2021-11-18
Your Name: Songbin He
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
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| 4 | Consulting fees                                                                                    |
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Date: 2021-11-18
Your Name: Junhai Hao
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Date: 2021-11-18

Your Name: Tao Liu

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Date: _2021-11-18_

Your Name: Xingdong Chen

Manuscript Title: _Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study_

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Date: 2021-11-18
Your Name: Jing Zhou

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| 3 | Royalties or licenses | None |

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| 4 | Consulting fees | None |

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|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 5 | Payment or honoraria for | None |
| Question                                                                 | None |
|-------------------------------------------------------------------------|------|
| lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 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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ICMJE DISCLOSURE FORM

Date: __2021-11-18______________________________

Your Name: Zhimin Lin

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

Manuscript number (if known): JTD-21-1217-CL

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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                                                                          |
| 5  | Payment or honoraria for | ____None                                                                          |

**Time frame: past 36 months**
| Question                                                                 | Response |
|-------------------------------------------------------------------------|----------|
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Date: 2021-11-18
Your Name: Haichong Zheng
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 3 | Royalties or licenses                                                                           | ____None |
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| 5 | Payment or honoraria for                                                                         | ____None |
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ICMJE DISCLOSURE FORM

Date: 2021-11-18

Your Name: Xiaoling Lin

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

Manuscript number (if known): JTD-21-1217-CL

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Time frame: past 36 months
|   |   |
|---|---|
| 6 | Payment for expert testimony | None |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
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Date: 2021-11-18
Your Name: Weixiang Huang

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| **Payment for expert testimony** | None |
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| **Patents planned, issued or pending** | None |
| **Participation on a Data Safety Monitoring Board or Advisory Board** | None |
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Date: 2021-11-18
Your Name: Xiaoqing Liu
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 4 | Consulting fees | None |
| 5 | Payment or honoraria for | None |
| Number | Description                                                                 | Response |
|--------|-----------------------------------------------------------------------------|----------|
| 6      | Payment for expert testimony                                                | None     |
| 7      | Support for attending meetings and/or travel                                | None     |
| 8      | Patents planned, issued or pending                                          | None     |
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Date: 2021-11-18
Your Name: Yimin Li
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| **3** | Royalties or licenses | None |
| **4** | Consulting fees | None |
| **5** | Payment or honoraria for | None |
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| lectures, presentations, speakers bureaus, manuscript writing or educational events |   |   |
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Date: 2021-11-18
Your Name: Linxi Huang
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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|   | Time frame: past 36 months |  
| 3 | Royalties or licenses | **None** |
| 4 | Consulting fees | **None** |
| 5 | Payment or honoraria for | **None** |
| Question                                                                 | Answer |
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| 1. Lectures, presentations, speakers bureaus, manuscript writing or educational events |        |
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Date: 2021-11-18
Your Name: Wenbing Qiu
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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ICMJE DISCLOSURE FORM

Date: 2021-11-18

Your Name: Huangyao Ru

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

Manuscript number (if known): JTD-21-1217-CL

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|   | **Time frame: Since the initial planning of the work** | ![Table](https://via.placeholder.com/150) |
| 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 | __None |
|   | **Time frame: past 36 months** | ![Table](https://via.placeholder.com/150) |
|   |   |   |
|---|---|---|
| 1 | lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
| 6 | Payment for expert testimony | None |
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ICMJE DISCLOSURE FORM

Date: _2021-11-18_

Your Name: DanniWang

Manuscript Title: _Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study_

Manuscript number (if known): _JTD-21-1217-CL_

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

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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Jianfeng Wu

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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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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.

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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: past 36 months |
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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 |
| 5 | Payment or honoraria for | 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 |
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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Huifang Zheng
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
| 5 | | None |
|   | **Time frame: past 36 months** | |
|   | | |
|   |                                  |     |
|---|----------------------------------|-----|
| 6 | Payment for expert testimony     | None|
| 7 | Support for attending meetings   | None|
|   | and/or travel                    |     |
| 8 | Patents planned, issued or       | None|
|   | pending                          |     |
| 9 | Participation on a Data Safety   | None|
|   | Monitoring Board or Advisory     |     |
|   | Board                            |     |
| 10| Leadership or fiduciary role     | None|
|   | in other board, society,         |     |
|   | committee or advocacy group,     |     |
|   | paid or unpaid                   |     |
| 11| Stock or stock options           | None|
| 12| Receipt of equipment, materials, | None|
|   | drugs, medical writing, gifts    |     |
|   | or other services                |     |
| 13| Other financial or non-financial| None|
|   | interests                        |     |

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ICMJE DISCLOSURE FORM

Date: 2021-11-18

Your Name: Liuer Zuo

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

Manuscript number (if known): JTD-21-1217-CL

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Time frame: Since the initial planning of the work

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|---|------------------------------------------------------------------------|------|
| 2 |                                                                        |      |

Time frame: past 36 months

|   | Royalties or licenses | None |
|---|----------------------|------|
| 3 |                       |      |

|   | Consulting fees | None |
|---|----------------|------|
| 4 |                 |      |

|   | None |
|---|------|
| 5 |      |
|   |                                                                                                           |   |
|---|-----------------------------------------------------------------------------------------------------------|---|
| 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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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: _2021-11-18_ 
Your Name: Peiling Zeng

Manuscript Title: _Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study_

Manuscript number (if known): _JTD-21-1217-CL_

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** | |
| 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 | | **None** |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|------------------------------------------------------------------------------------------------|---|
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Jian Zhong

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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|   | No time limit for this item.                                      |                                                                                   |

Time frame: past 36 months

|   | 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).          | None |
| 3 | Royalties or licenses                                                             | None |
| 4 | Consulting fees                                                                   | None |
| 5 |                                                                                  | None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|-------------------------------------------------------------------------------------------------|---|
| 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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Date: 2021-11-18  
Your Name: Yanhui Rong  
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study  
Manuscript number (if known): JTD-21-1217-CL  

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|   | **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**                                                                         |
| 5 |                                                                                                 | **None**                                                                         |
| Item                                                                 | Response |
|----------------------------------------------------------------------|----------|
| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |          |
| Payment for expert testimony                                         | None     |
| Support for attending meetings and/or travel                          | None     |
| Patents planned, issued or pending                                    | None     |
| Participation on a Data Safety Monitoring Board or Advisory Board     | None     |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
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Date: 2021-11-18
Your Name: Min Fan
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
| 5 | | None |
| Number | Item                                                                 | Response |
|--------|----------------------------------------------------------------------|----------|
| 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     |
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Date: 2021-11-18
Your Name: Jianwei Li

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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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 |
| **5** | | 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 |
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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Shaoqing Cai
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 4 | Consulting fees | None |
| 5 | | None |
|   |   |   |
|---|---|---|
| **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** |   |   |
| **Payment for expert testimony** | None |   |
| **Support for attending meetings and/or travel** | None |   |
| **Patents planned, issued or pending** | None |   |
| **Participation on a Data Safety Monitoring Board or Advisory Board** | None |   |
| **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | None |   |
| **Stock or stock options** | None |   |
| **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | None |   |
| **Other financial or non-financial interests** | None |   |

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*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: 2021-11-18
Your Name: Qiuye Kou

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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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. | None |                                                                                     |
| 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 | | None |                                                                                     |
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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Enhe Liu

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| **2** | Grants or contracts from any entity (if not indicated in item #1 above).                       | **None**                                                                         |
| **3** | Royalties or licenses                                                                          | **None**                                                                         |
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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 |
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| 13 | Other financial or non-financial interests | None |

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ICMJE DISCLOSURE FORM

Date: _2021-11-18______________________________________________________________

Your Name: Zhuandi Lin ______________________________________________________

Manuscript Title: _Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study_

Manuscript number (if known): _JTD-21-1217-CL_________________________________ 

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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.

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**None** |

| 2 | Grants or contracts from any entity(if not indicated in item #1 above). | **None** |
| 3 | Royalties or licenses | **None** |
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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 |
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*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: 2021-11-18
Your Name: Jingjing Cai
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
| 5 | | None |
| Question                                                                 | Response |
|-------------------------------------------------------------------------|----------|
| Payment or honoraria for lectures, presentations, speakers bureaus,    | None     |
| manuscript writing or educational events                               |          |
| Payment for expert testimony                                           | None     |
| Support for attending meetings and/or travel                           | None     |
| Patents planned, issued or pending                                     | None     |
| Participation on a Data Safety Monitoring Board or Advisory Board       | None     |
| Leadership or fiduciary role in other board, society, committee or     | None     |
| advocacy group, paid or unpaid                                         |          |
| Stock or stock options                                                 | None     |
| Receipt of equipment, materials, drugs, medical writing, gifts or other| None     |
| services                                                                |          |
| Other financial or non-financial interests                              | None     |

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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Hong Yang

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

Manuscript number (if known): JTD-21-1217-CL

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ICMJE DISCLOSURE FORM

Date: 2021-11-18

Your Name: Fen Li

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

Manuscript number (if known): JTD-21-1217-CL

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|   | **No time limit for this item.**                                                                  |                                                                                  |
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Date: 2021-11-18
Your Name: Yanhong Wang

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 3    | Royalties or licenses | | None |
| 4    | Consulting fees | | None |
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**Date:** 2021-11-18

**Your Name:** Xinfeng Lin

**Manuscript Title:** Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

**Manuscript number (if known):** JTD-21-1217-CL

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|---|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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| 3 | Royalties or licenses | **None** |
| 4 | Consulting fees | **None** |
| 5 | | **None** |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|--------------------------------------------------------------------------------------------------|---|
| 6 | Payment for expert testimony | ____None |
| 7 | Support for attending meetings and/or travel | ____None |
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Date: 2021-11-18
Your Name: Weitao Chen
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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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 |
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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Youshan Gao

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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| 3 | Royalties or licenses | ____None |
| 4 | Consulting fees | ____None |
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|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|----------------------------------------------------------------------------------------------------------|---|
| 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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Date: 2021-11-18
Your Name: Shifang Huang
Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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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** | |
| 5 |   | **None** | |
|   | Description                                                                 | Answer |
|---|----------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony                                               | None   |
| 7 | Support for attending meetings and/or travel                                | None   |
| 8 | Patents planned, issued or pending                                         | None   |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
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ICMJE DISCLOSURE FORM

Date: 2021-11-18
Your Name: Ling Sang

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study
Manuscript number (if known): JTD-21-1217-CL

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Time frame: past 36 months

|   | None |
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| Question                                                                 | Response |
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| Payment or honoraria for lectures, presentations, speakers bureaus,    | None     |
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| Payment for expert testimony                                            | None     |
| Support for attending meetings and/or travel                            | None     |
| Patents planned, issued or pending                                      | None     |
| Participation on a Data Safety Monitoring Board or Advisory Board       | None     |
| Leadership or fiduciary role in other board, society, committee or     | None     |
| advocacy group, paid or unpaid                                           |          |
| Stock or stock options                                                  | None     |
| Receipt of equipment, materials, drugs, medical writing, gifts or       | None     |
| other services                                                          |          |
| Other financial or non-financial interests                               | None     |

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ICMJE DISCLOSURE FORM

Date: 2021-11-18

Your Name: Yuanda Xu

Manuscript Title: Weaning Critically Ill Patients from Mechanical Ventilation: a protocol from a multicenter retrospective cohort study

Manuscript number (if known): JTD-21-1217-CL

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| 5 | | None |
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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 |
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| 11| Stock or stock options                                                                                   | None |
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