

#### **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.

## Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Rhee 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Chanu	2. Surname (Last Name) Rhee		3. Date 27-April-2016	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title The CMS Sepsis Mandate: Right Disease	, Wrong Measure			
6. Manuscript Identifying Number (if you kn M16-0588	ow it)	_		
Section 2. The Work Under Co	onsideration for Public	cation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, datest? Yes No ormation below. If you have	ta monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation, atity press the "ADD" button to add a row.	
Name of Institution/Company	Grant•	n-Financial upport	? Comments	
Centers for Disease Control and Prevention	<b>V</b>		Grant to conduct research on sepsis surveillance	
Section 3. Belovent financial				
Relevant financial	activities outside the s	submitted work.		
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Section 4. Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to th	e work? Yes V No	

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Section 5. Polationships not severed above				
Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
No other relationships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6. Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Rhee reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .				

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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Section 1.	ldentifying Inform	ation						
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Na Klompas	me)		3. Date 18-May-2016			
4. Are you the cor	4. Are you the corresponding author?		✓ Yes No					
	5. Manuscript Title The CMS Sepsis Mandate: Right Disease, Wrong Measure							
6. Manuscript Ider M16-0588	ntifying Number (if you kn	ow it)						
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Section 2.	The Work Under Co	onsideration for P	ublication					
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Excess rows can	be removed by pressing		Non Financial					
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other C	Comments			
CDC		<b>✓</b>			ants for studies on sepsis veillance			
Section 3.	Relevant financial	activities outside	the submitted	work.				
of compensation clicking the "Add	) with entities as descri	bed in the instructio port relationships tha	ns. Use one line f	or each entity	relationships (regardles y; add as many lines as y 5 months prior to publ	ou need by		
Section 4.	Intellectual Proper	ty Patents & <u>Co</u>	pyrights					
Do you have any	patents, whether plans			ant to the wo	rk? Yes 🗸 No			

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