

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. 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.

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4. Intellectual Property.

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

5. 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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shannon

2. Surname (Last Name)
Carson

3. Date
07-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Christopher Cox

5. Manuscript Title
Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial

6. Manuscript Identifying Number (if you know it)
M18-2335

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biomarck Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Carson reports grants from NHLBI, during the conduct of the study; grants from Biomarck Pharmaceuticals, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Cox

3. Date
04-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial

6. Manuscript Identifying Number (if you know it)
M18-2335

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Dr. Cox has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jeremy

2. Surname (Last Name) Kahn

3. Date 04-December-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name Christopher Cox

5. Manuscript Title
Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial

6. Manuscript Identifying Number (if you know it)

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National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Kahn reports grants from the United States National Institutes of Health.

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Section 1. Identifying Information

1. Given Name (First Name)
Derek

2. Surname (Last Name)
Jones

3. Date
04-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial

6. Manuscript Identifying Number (if you know it)
M18-2335

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Jones reports grants from NIH, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Carmen

2. Surname (Last Name)
Lewis

3. Date
05-December-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
"Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial"

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Dr. Lewis 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)
Catherine

2. Surname (Last Name)
Hough

3. Date
04-December-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial

6. Manuscript Identifying Number (if you know it)
M18-2335

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hough reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Hanson

3. Date

04-December-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Christopher Cox

5. Manuscript Title

Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial

6. Manuscript Identifying Number (if you know it)

M18-2335

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hanson 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) Douglas 2. Surname (Last Name) White 3. Date 15-December-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Christopher Cox

5. Manuscript Title
"Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial"

6. Manuscript Identifying Number (if you know it)

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Dr. White reports grants from NIH during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maren

2. Surname (Last Name)
Olsen

3. Date
05-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Christopher Cox

5. Manuscript Title
Effects of a personalized web-based decision aid for surrogate decision makers of patients with prolonged mechanical ventilation: a randomized clinical trial

6. Manuscript Identifying Number (if you know it)

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