

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.

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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)
Brian

2. Surname (Last Name)
Anderson

3. Date
23-October-2020

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

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)
M20-5327

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
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HL140482

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Anderson reports grants from NIH/NHLBI, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
George

2. Surname (Last Name)
Anesi

3. Date
29-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)
M20-5327

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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
AHRQ K12HS026372	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Anesi reports grants from AHRQ K12HS026372, 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) Joshua

2. Surname (Last Name) Atkins

3. Date 25-October-2020

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

5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S

6. Manuscript Identifying Number (if you know it) M20-5327

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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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Becton-Dickinson Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medtronic-Covidien	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant Contract - No Work Yet Completed & No Fees Paid
Oppenheimer, INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investor Q&A -

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Atkins reports grants from Becton-Dickinson Corporation, personal fees from Medtronic-Covidien, personal fees from Oppenheimer, INC, 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)
Jasmeet

2. Surname (Last Name)
Bajaj

3. Date
02-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George Anesi, MD

5. Manuscript Title

Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)

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Dr. Bajaj 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)
Cameron

2. Surname (Last Name)
Baston

3. Date
23-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George Anesi

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Baston has nothing to disclose.

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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)
Patrick

2. Surname (Last Name)
Brennan

3. Date
23-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
George Anesi, MD, MSCE, MBE

5. Manuscript Title
"Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a large academic health system in the U.S.."

6. Manuscript Identifying Number (if you know it)

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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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Brennan 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)
Christina

2. Surname (Last Name)
Candeloro

3. Date
27-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George Anesi

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Candeloro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

LAUREN

2. Surname (Last Name)

CATALANO

3. Date

1/7/21

4. Are you the corresponding author?

 Yes No

5. Manuscript Title

Characteristics, outcomes + trends of patients with COVID-19-related critical illness at a large academic health system in the U.S.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maurizio	2. Surname (Last Name) Cereda	3. Date 05-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George L. Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a learning health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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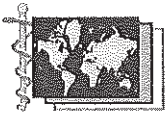
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Dr. Cereda has nothing to disclose.

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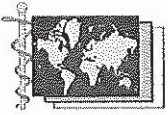
Other: Anything not covered under the previous three boxes

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Section 1. Identifying Information

1. Given Name (First Name)

Chandler

2. Surname (Last Name)

John

3. Date

7/5/2022

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

George L. Anesi

5. Manuscript Title

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M20-5327

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Dr. has nothing to disclose.

John Chandler

John M. Chandler
1/5/2021

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jason

2. Surname (Last Name)
Christie

3. Date
23-October-2020

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

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S.

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M20-5327

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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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NLHBI K24

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glaxosmithkline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BristolMeyersSquibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Christie reports grants from NIH during the conduct of the study; grants from NIH, grants from Glaxosmithkline, grants from BristolMeyersSquibb, 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) Tara	2. Surname (Last Name) Collins	3. Date 02-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S		
6. Manuscript Identifying Number (if you know it) M20-5327		

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katherine

2. Surname (Last Name)
Courtright

3. Date
23-October-2020

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

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)
M20-5327

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Courtright 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) Barry	2. Surname (Last Name) Fuchs	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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Dr. Fuchs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Emily	2. Surname (Last Name) Gordon	3. Date 05-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a learning health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Greenwood	3. Date 21-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S.	_____	
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Dr. Greenwood has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Gudowski

3. Date
23-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Gutsche

3. Date

16-December-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S."

6. Manuscript Identifying Number (if you know it)

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Dr. Gutsche 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)

Asaf

2. Surname (Last Name)

Hanish

3. Date

01-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gary Weissman

5. Manuscript Title

Preparing for capacity strain using the COVID-19 Hospital Impact Model for Epidemics (CHIME): A locally informed epidemic simulation

6. Manuscript Identifying Number (if you know it)

M20-1260

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Clarence W	2. Surname (Last Name) Hanson	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S		
6. Manuscript Identifying Number (if you know it) M20-5327		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Harhay	3. Date 24-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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Dr. Harhay has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Juliane	2. Surname (Last Name) Jablonski	3. Date 03-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends in patients with COVID-19 related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) paul	2. Surname (Last Name) kinniry	3. Date 05-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a learning health system in the U.S		
6. Manuscript Identifying Number (if you know it) M20-5327		

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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. kinniry 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) Zev Noah	2. Surname (Last Name) Kornfield	3. Date 19-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George L. Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Kornfield has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Kruse	3. Date 18-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name _____
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Meghan

2. Surname (Last Name)
Lane-Fall

3. Date
26-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)
M20-5327

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anesthesia Patient Safety Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board of Directors
destinationCME	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-industry CME speaker

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Lane-Fall reports grants from National Institutes of Health, grants from Robert Wood Johnson Foundation, personal fees from Anesthesia Patient Safety Foundation, personal fees from destinationCME, 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) Niels	2. Surname (Last Name) Martin	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. 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?

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Section 6. Disclosure Statement

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Dr. Martin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Mikkelsen

3. Date
05-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. George Anesi

5. Manuscript Title

Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a learning health system in the U.S.

6. Manuscript Identifying Number (if you know it)

M20-5327

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Mikkelsen 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) Dan	2. Surname (Last Name) Negoianu	3. Date 05-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George L. Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a learning health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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)
Jose L.

2. Surname (Last Name)
Pascual L.

3. Date
23-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
George Anesi, Julianne Jablonski

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)
M20-5327

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Grifols	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ISR - unrelated
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant - unrelated

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
ATIII in TBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Pascual L. reports grants and personal fees from Grifols, personal fees from Pfizer, outside the submitted work; In addition, Dr. Pascual L. has a patent ATIII in TBI pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Pugliese

3. Date
23-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George Anesi

5. Manuscript Title

Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)

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Dr. Pugliese 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)
Zaffer

2. Surname (Last Name)
Qasim

3. Date
23-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George Anesi

5. Manuscript Title

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Dr. Qasim has nothing to disclose.

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4. Intellectual Property.

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

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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) John	2. Surname (Last Name) Reilly	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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. Reilly 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)
John

2. Surname (Last Name)
Salmon

3. Date
23-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)
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Mr. Salmon 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) William	2. Surname (Last Name) Schweickert	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19 related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Schweickert 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) Michael 2. Surname (Last Name) Scott 3. Date 23-October-2020

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

5. Manuscript Title
Characteristics, outcomes, and trends of patients with COVID-19?related critical illness at a large academic health system in the U.S

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel and lecture fees
Baxter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel and lecture fees
Trevina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Edwards Lifescience	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Deltex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board

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Dr. Scott reports personal fees from Merck, personal fees from Baxter, personal fees from Trevina , personal fees from Edwards Lifescience, personal fees from Deltex, 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) Michael	2. Surname (Last Name) Shashaty	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a large academic health system in the U.S.		
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Dr. Shashaty has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Corinna

2. Surname (Last Name)
Sicoutris

3. Date
05-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George Anesi

5. Manuscript Title

Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at 1 a large academic health system in the U.S

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Wang	3. Date 25-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George L. Anesi, MD
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S.		
6. Manuscript Identifying Number (if you know it) M20-5327		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)
Wei

2. Surname (Last Name)
Wang

3. Date
14-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
George L. Anesi

5. Manuscript Title

Characteristics, outcomes, and trends of patients with COVID-19-related critical illness at a large academic health system in the U.S.

6. Manuscript Identifying Number (if you know it)

M20-5327

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1. Given Name (First Name) Arshad	2. Surname (Last Name) Wani	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name George Anesi, MD
5. Manuscript Title Characteristics, outcomes, and trends of patients with COVID-19–related critical illness at a large academic health system in the U.S.		
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