

Instructions

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earning royalties or not

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

patent

Pellens 1



| Section 1. Identifying Inform | nation | | |
|---|--|----------------------------------|--|
| 1. Given Name (First Name) Ben | 2. Surname (Last Name) Pellens | 3. Date 21-June-2020 | |
| 4. Are you the corresponding author? | ✓ Yes No | | |
| 5. Manuscript Title Prevalence of Deep Venous Thrombosi | s in Ventilated COVID-19 Patients: A Mono-Center Cr | oss-Sectional Study | |
| 6. Manuscript Identifying Number (if you k | now it) | | |
| | | | |
| Section 2. The Work Under C | onsideration 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. | | |
| of compensation) with entities as descr | in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were present during the 36 est? Yes No | add as many lines as you need by | |
| Section 4. Intellectual Prope | rty Patents & Copyrights | | |
| Do you have any patents, whether plan | ned, pending or issued, broadly relevant to the work | k? ☐ Yes ✓ No | |

Pellens 2



| Section 5. Polotionships not sovered above |
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| Dr. Pellens has nothing to disclose. |

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Romont 1



| Section 1. Identifying Inform | nation | |
|--|---|---|
| 1. Given Name (First Name) Margo | 2. Surname (Last Name) Romont | 3. Date 18-June-2020 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Pellens Ben |
| 5. Manuscript Title Prevalence of Deep Venous Thrombosi | s in Ventilated COVID-19 P | atients: A Mono-Center Cross-Sectional Study |
| 6. Manuscript Identifying Number (if you k | now it) | |
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| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Romont 2



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patent

Van Tornout 1



| Section 1. Identifying Inforn | nation | |
|---|---|---|
| 1. Given Name (First Name) Michiel | 2. Surname (Last Name) Van Tornout | 3. Date 22-June-2020 |
| 4. Are you the corresponding author? | Yes 🗸 No | Corresponding Author's Name Ben Pellens |
| 5. Manuscript Title Prevalence of Deep Venous Thrombosi | s in Ventilated COVID-19 F | Patients: A Mono-Center Cross-Sectional Study |
| 6. Manuscript Identifying Number (if you ki JECCM-20-62 | now it) | |
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| Do you have any patents, whether plan | ned, pending or issued, b | roadly relevant to the work? Yes No |

Van Tornout 2



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patent

De Mey



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|---|---|---|
| 1. Given Name (First Name) Nathalie | 2. Surname (Last Name) De Mey | 3. Date |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Ben Pellens |
| 5. Manuscript Title Prevalence of deep venous thrombosis | s in ventilated covid-19 pat | ients: a monocenter cross)-sectional study |
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De Mey 2



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| Dr. De Mey N. has nothing to disclose |

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De Mey



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Dubois 1



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|---|---|--|--|
| 1. Given Name (First Name) Jasperina | 2. Surname (Last Name) Dubois | 3. Date 22-June-2020 | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Ben Pellens | |
| 5. Manuscript Title Prevalence of Deep Venous Thrombosis | s in Ventilated COVID-19 P | atients: A Mono-Center Cross-Sectional Study | |
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Dubois 2



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

patent

De Pauw 1



| Section 1. Identifying Infor | rmation | | |
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| identifying infor | illation | | |
| 1. Given Name (First Name) Ilse | 2. Surname (Last Name) De Pauw | 3. Date 19-June-2020 | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Ben Pellens | |
| 5. Manuscript Title Prevalence of Deep Venous Thrombo | sis in Ventilated COVID-19 P | atients: A Mono-Center Cross-Sectional Study | |
| 6. Manuscript Identifying Number (if you JECCM-20-62 | know it) | | |
| | | | |
| Section 2. The Work Under | Consideration for Public | cation | |
| 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 financia | al activities outside the s | unbunitée al vocale | |
| Place a check in the appropriate boxe of compensation) with entities as des | s in the table to indicate who cribed in the instructions. Us report relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | |
| Section 4. Intellectual Prop | erty Patents & Copyric | nhts. | |
| intenectual P10p | erty ratents & copyrig | jiids ——————————————————————————————————— | |
| Do you have any patents, whether pla | anned, pending or issued, br | roadly relevant to the work? Yes V No | |

De Pauw 2



| Section 5. Polotionships not sovered above |
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| 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. De Pauw has nothing to disclose. |

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De Pauw 3



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.

The work under consideration for publication.

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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.

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Definitions.

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

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Other: Anything not covered under the previous three boxes

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patent

Ramaekers 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| Given Name (First Name) Dirk | Surname (Last Name) Ramaekers | 3. Date 18-June-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Ben Pellens |
| 5. Manuscript Title Prevalence of Deep Venous Thrombosi | s in Ventilated COVID-19 P | atients: A Mono-Center Cross-Sectional Study |
| 6. Manuscript Identifying Number (if you ki JECCM-20-62 | now it) | _ |
| Section 2. The Week Under C | | |
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| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, |
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| Section 3. Relevant financial | activities outside the s | ubmitted work. |
| of compensation) with entities as descr | ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4. Intellectual Proper | | |
| Intellectual Prope | rty Patents & Copyric | hts |
| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No |

Ramaekers 2



| Cartion F | | | | |
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| Section 6. | Disclosure Statement | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| Dr. Dirk Ramaek | ers has nothing to disclose. | | | |

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

Stessel 1



| Section 1. Identifying Inform | mation | |
|---|--|--|
| 1. Given Name (First Name) Bjorn | 2. Surname (Last Name) Stessel | 3. Date 18-June-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Ben Pellens |
| 5. Manuscript Title Prevalence of Deep Venous Thrombos | is in Ventilated COVID-19 P | Patients: A Mono-Center Cross-Sectional Study |
| 6. Manuscript Identifying Number (if you k JECCM-20-62 | now it) | _ |
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| Section 2. The Work Under C | Consideration for Public | cation |
| any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the s | submitted work. |
| of compensation) with entities as descri | ribed in the instructions. Use port relationships that we | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tre present during the 36 months prior to publication. |
| Section 4. Intellectual Prope | rty Patents & Copyrig | ghts |
| Do you have any patents, whether plar | | |

Stessel 2



| Section 5. Polationships not sovered above | | | |
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| Relationships not covered above | | | |
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