

#### Instructions

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| 1. Given Name (First Name)<br>Mohit  | 2. Surname (Last Name)<br>Chawla                        | 3. Date<br>17-April-2020 |
|--------------------------------------|---|--------------------------|
| 4. Are you the corresponding author? | ✓ Yes No  |                          |
|                                      |   |                          |
| 5. Manuscript Title                  | Ultrasonography in the Intensive Care Uni<br>u know it) | it                       |

#### 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.)?

🖌 No

| Are there any relevant conflicts of interest? |  | Yes |
|---|--|-----|
|---|--|-----|

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

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| Are there any relevant conflicts of interest? | Yes | $\checkmark$ | No |
|---|-----|--------------|----|
|---|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | ٧o |
|--|-----|----|
|  |     |    |



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Dr. Chawla has nothing to disclose.

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| Section 1.  | Identifying Infor               | mation                                   |  |                          |  |  |  |
|---|---------------------------------|--|--|--------------------------|--|--|--|
| 1. Given Name (Fi<br>Or   | rst Name)                       | 2. Surname (Last Name)<br>Kalchiem-Dekel |  | 3. Date<br>17-April-2020 |  |  |  |
| 4. Are you the cor  | responding author?              | Yes 🖌 No                                 | Corresponding Author's Nar<br>Mohit Chawla | ne                       |  |  |  |
| 5. Manuscript Title<br>An Evolving Role   |                                 | trasonography in the Inte                | ensive Care Unit                           |                          |  |  |  |
| 6. Manuscript Ider<br>JTD-2019-IPICU-   | ntifying Number (if you l<br>09 | know it)                                 |  |                          |  |  |  |
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| Section 2.  | The Work Under (                | Consideration for Pub                    | lication                                   |                          |  |  |  |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for<br>any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation,<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of interest? Yes V No |                                 |  |  |                          |  |  |  |

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|---|--|-----|--------------|----|
|---|--|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Ye | s 🗸 I | No |
|--|----|-------|----|
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|---|---------------------------------|-----------------------------------|---|
| Section 1.                              | Identifying Inform              | mation                            |   |
| 1. Given Name (Fi<br>Saamia             | rst Name)                       | 2. Surname (Last Name)<br>Hossain | 3. Date<br>17-April-2020  |
| 4. Are you the cor                      | responding author?              | Yes 🖌 No                          | Corresponding Author's Name   |
|   |                                 |                                   | Mohit Chawla  |
| 5. Manuscript Title<br>An Evolving Role |                                 | trasonography in the Inter        | nsive Care Unit   |
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|   | ubmitted work (includin         |                                   | n a third party (government, commercial, private foundation, etc.) for<br>ata monitoring board, study design, manuscript preparation, |

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Yes

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Are there any relevant conflicts of interest?

| 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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| 4. Are you the cor                      | responding author?               | Yes 🗸 No                     | Corresponding Author's Name<br>Mohit Chawla                                  |
| 5. Manuscript Title<br>An Evolving Role | e<br>e for Endobronchial Ul      | trasonography in th          |  |
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any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? 🖌 No

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|---|---------------------------------|---------------------------|---------------|---|
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| 4. Are you the cor                      | responding author?              | Yes 🗸                     | No            | Corresponding Author's Name<br>Mohit Chawla   |
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🖌 No

Yes

| Are there any relevant conflicts of interest? |  | Yes | $\checkmark$ | No |
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statistical analysis, etc.)?

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### 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.

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**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



| Section 1.          | Identifying Infor                | mation                |   |
|---------------------|----------------------------------|-----------------------|---|
| _                   | identifying into                 | ination               |   |
| 1. Given Name (Fi   | rst Name)                        | 2. Surname (Last      | -   |
| Bryan               |                                  | Husta                 | 17-April-2020   |
| 4. Are you the cor  | responding author?               | Yes 🖌 N               | o Corresponding Author's Name   |
|                     |                                  |                       | Mohit Chawla  |
| 5. Manuscript Title |                                  |                       |   |
| An Evolving Role    | e for Endobronchial U            | ltrasonography in tl  | ne Intensive Care Unit  |
| 6. Manuscript Ider  | ntifying Number (if you          | know it)              |   |
| JTD-2019-IPICU-     | 09                               |                       |   |
|                     |                                  |                       |   |
| Section 2           |                                  |                       |   |
| Section 2.          | The Work Under                   | Consideration fo      | r Publication   |
|                     | •                                |                       | ces from a third party (government, commercial, private foundation, etc.) for |
|                     | stitution <b>at any time</b> red | eive payment or servi |   |

Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

statistical analysis, etc.)?

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

| Are there any relevant conflicts of interest? |  | Yes | $\checkmark$ | No |
|---|--|-----|--------------|----|
|---|--|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? |     | Yes | No |
|--|-----|-----|----|
|  | 1 1 |     |    |



# 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?

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. Husta has nothing to disclose.

#### **Evaluation and Feedback**



#### 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.

### 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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| Section 1. Identifying Inform   | nation                         |                             |                      |  |  |  |  |  |
|---|--------------------------------|-----------------------------|----------------------|--|--|--|--|--|
| 1. Given Name (First Name)<br>Robert  | 2. Surname (Last Name)<br>Lee  |                             | Date<br>'-April-2020 |  |  |  |  |  |
| 4. Are you the corresponding author?  | Yes 🖌 No                       | Corresponding Author's Name |                      |  |  |  |  |  |
| <ul> <li>5. Manuscript Title</li> <li>An Evolving Role for Endobronchial Ultrasonography in the Intensive Care Unit</li> <li>6. Manuscript Identifying Number (if you know it)</li> </ul> |                                |                             |                      |  |  |  |  |  |
| JTD-2019-IPICU-09   |                                |                             |                      |  |  |  |  |  |
| Section 2. The Work Under O   | Consideration for Publi        | cation                      |                      |  |  |  |  |  |
| Did you or your institution <b>at any time</b> rec<br>any aspect of the submitted work (includin<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of inte              | g but not limited to grants, d |                             | -                    |  |  |  |  |  |

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|  | any relevant conflicts of interest? 🛛 Yes 🖌 No |
|--|--|
|--|--|

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|--|-----|------|--|
|  |     | •    |  |



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