

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.

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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

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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

Martin 1



Section 1.	Identifying Inform	ation					
1. Civen Name (Fi	, , ,		as a /l a at Nav			2.0.4	
 Given Name (First Name) Rebecca 		2. Surnar Martin	me (Last Nar	ne)		3. Date 05-June-2020	
4. Are you the corresponding author? ✓ Yes No							
5. Manuscript Title A paramedic pat	e ient flow coordinator in	nproves a	mbulance	offload times in tl	he emerg	ency department	
6. Manuscript Ider JHMHP-20-26	ntifying Number (if you kno	ow it)					
	I						
Section 2.	The Work Under Co	nsidera	tion for P	ublication			
any aspect of the s statistical analysis,	ubmitted work (including	but not lin	nited to grar		-	ent, commercial, private foundation, etcudy design, manuscript preparation,	c.) for
Section 3.	Relevant financial a	ctivities	outside	the submitted	work.		
of compensation clicking the "Add Are there any rele) with entities as describ	oed in the ort relationst?	e instruction onships tha Yes	ns. Use one line fo	or each er	ial relationships (regardless of amo ntity; add as many lines as you need a 36 months prior to publication.	by l
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
ApolloMD			✓			salary	
	gency Medicine at the ee College of Medicine at		✓			stipend support during 2019	
University of Tenness Chattanooga (acader	ee College of Medicine at nic institution)		✓			salary through 2018, stipend at the time of publication	
Merck (42.618 shares))		✓			purchased for her when she was a minor and sold prior to publication	
Proctor and Gamble (51.27 shares)		✓			purchased for her when she was a minor and sold prior to publication	

Martin 2



Section 4.	Intellectual Property Patents & Copyrights					
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes V No					
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						
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.					
Section 6.						
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. Martin reports personal fees from ApolloMD, personal fees from Emergency Medicine Foundation of the Department of Emergency Medicine at the University of Tennessee College of Medicine at Chattanooga (charitable foundation), personal fees from University of Tennessee College of Medicine at Chattanooga (academic institution), personal fees from Merck (42.618 shares), personal fees from Proctor and Gamble (51.27 shares), outside the submitted work; .Dr. Martin reports personal fees from ApolloMD, personal fees from Emergency Medicine Foundation of the Department of Emergency Medicine at the University of Tennessee College of Medicine at Chattanooga (charitable foundation), personal fees from University of Tennessee College of Medicine at Chattanooga (academic institution), personal fees from Merck (42.618 shares), personal fees from Proctor and Gamble (51.27 shares), outside the submitted work;

Evaluation and Feedback

below.

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



Section 1. Ide	entifying Inform	ation					
1. Given Name (First Na Ron	me)	2. Surnan Buchheit	ne (Last Nan	ne)		3. Date 05-June-2020	
4. Are you the correspo	nding author?	Yes	√ No	Correspond Rebecca N	3	or's Name	
5. Manuscript Title A paramedic patient	flow coordinator in	nproves ar	nbulance o	offload times in th	ne emerg	ency department	
6. Manuscript Identifyir JHMHP-20-26	ng Number (if you kn	ow it)					
Section 2. The	e Work Under Co	onsiderat	ion for P	ublication			
any aspect of the submi statistical analysis, etc.)? Are there any relevan	tted work (including	but not lim		its, data monitoring	_	ent, commercial, private foundation, etc. udy design, manuscript preparation,) for
Section 3. Rel	evant financial a	activities	outside t	the submitted	work.		
of compensation) wit	h entities as descril ox. You should rep t conflicts of intere	bed in the port relation st?	instructior nships tha 'es	ns. Use one line fo	or each er	cial relationships (regardless of amountity; add as many lines as you need a 36 months prior to publication .	
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
ApolloMD			✓			salary	
University of Tennessee Co Chattanooga (academic in	•		✓			salary	
Phoenix Air			✓			salary	
Fri-County Community Co	llege		✓			honorarium for lectures	
Cherokee County EMS			/			honorarium for lectures	



Continue A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No
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
Dr Buchheit serves as the Medical Director for Disaster Medicine, Prehospital Medicine, MedComm and EROC at Erlanger Medical Center, for the Regional Special Operations Group, RMCC – TN Region 3 Med Communication committee, Hamilton County Emergency Medical Service, Puckett Emergency Medical Service (current medical director, past assistant medical director), Catoosa County Fire and Rescue, Walker County Fire and Rescue, Fort Oglethorpe Fire and Rescue, East Ridge City Fire and Rescue, and serves as a Tactical SWAT Physician for Hamilton County EMS/Hamilton County Sheriff Dept.
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Declaration of the 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. Buchheit reports personal fees from ApolloMD, personal fees from University of Tennessee College of Medicine at Chattanooga (academic institution), personal fees from Phoenix Air, personal fees from Tri-County Community College, personal fees from Cherokee County EMS, outside the submitted work; and Dr Buchheit serves as the Medical Director for Disaster Medicine, Prehospital Medicine, MedComm and EROC at Erlanger Medical Center, for the Regional Special Operations Group, RMCC – TN Region 3 Med Communication committee, Hamilton County Emergency Medical Service, Puckett Emergency Medical Service (current medical director, past assistant medical director), Catoosa County Fire and Rescue, Walker County Fire and Rescue, Fort Oglethorpe Fire and Rescue, East Ridge City Fire and Rescue, and serves as a Tactical SWAT Physician for Hamilton County EMS/Hamilton County Sheriff Dept. .



Evaluation and Feedback

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Carman 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Carman		Date -June-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Rebecca Martin	
5. Manuscript Title A paramedic pat		improves ambulance off	load times in the emergency depa	artment
6. Manuscript Ider JHMHP-20-26	ntifying Number (if you ki	now it)		
Section 2.	The Work Under C	Consideration for Pub	lication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants,	om a third party (government, comme data monitoring board, study design,	
Section 3.	Relevant financial	activities outside th	e submitted work.	
of compensation clicking the "Add Are there any rel) with entities as descr	ribed in the instructions. sport relationships that vectors: Yes No.	whether you have financial relation Use one line for each entity; add a were present during the 36 mont	as many lines as you need by
Name of Entity		Grant? Personal N	On-Financial Other? Comme	ents
Erlanger Health Syste	m		salary	
	ı			
Section 4.	Intellectual Prope	rty Patents & Copy	rights	
Do you have any	patents, whether plan	nned, pending or issued,	broadly relevant to the work?	Yes 🗸 No

Carman 2



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
Dr. Carman is the Senior Director Emergency Services at Erlanger Health System.
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. Carman reports personal fees from Erlanger Health System, outside the submitted work; and Dr. Carman is the Senior Director Emergency Services at Erlanger Health System.

Evaluation and Feedback

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Carman 3



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Gray 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Joseph	Surname (Last Name) Gray	3. Date 05-June-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Rebecca Martin		
5. Manuscript Title A paramedic patient flow coordinator i	mproves ambulance offloa	ad times in the emergency department		
6. Manuscript Identifying Number (if you ki JHMHP-20-26	now it)	_		
Section 2. The Week Under C				
The Work Under C	onsideration for Public	cation		
	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 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.		
Costion 4				
Section 4. Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Gray 2



Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Gray has nothing to disclose.

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patent

Mendiratta 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Sudave	2. Surname (Last Name) Mendiratta	3. Date 05-June-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Rebecca Martin
5. Manuscript Title A paramedic patient flow coordinator	improves ambulance offloa	ad times in the emergency department
6. Manuscript Identifying Number (if you k JHMHP-20-26	now it)	
Section 2. The Work Under C	Consideration for Publi	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as describing the "Add +" box. You should re	ribed in the instructions. Use port relationships that we	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.
Are there any relevant conflicts of inter If yes, please fill out the appropriate inf		
Name of Entity	Grant	n-Financial Other? Comments
ApolloMD		Clinical and Administrative Salary
University of Tennessee College of Medicine a Chattanooga (academic institution)	nt 🗸	Salary- Academic Support
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, bi	roadly relevant to the work? Yes V No

Mendiratta 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	rves as the Chief of the Emergency Medicine for Erlanger Health System and the Chair of the Department of cine at the University of Tennessee College of Medicine Chattanooga.
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Chattanooga (ac Medicine for Erla	eports personal fees from ApolloMD, personal fees from University of Tennessee College of Medicine at cademic institution), outside the submitted work; and Dr. Mendiratta serves as the Chief of the Emergency anger Health System and the Chair of the Department of Emergency Medicine at the University of ge of Medicine Chattanooga.

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Mendiratta 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.

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

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Section 1.	Identifying Inform	ation			
1. Given Name (Fi Jessica	rst Name)	2. Surname (Last Na Whittle	me)	3. Date 05-June-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding A		
5. Manuscript Title A paramedic pat	e cient flow coordinator in	mproves ambulance	offload times in the er	nergency department	
6. Manuscript Idel JHMHP-20-26	ntifying Number (if you kn	ow it)			
Continue 2					
Section 2.	The Work Under Co	onsideration for F	ublication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to gra		ernment, commercial, private foundatio rd, study design, manuscript preparatio	
Section 3.	Relevant financial	activities outside	the submitted wor	k.	
of compensation clicking the "Add Are there any rel	n) with entities as descri	bed in the instruction ort relationships the est? Yes	ns. Use one line for ea	nancial relationships (regardless of ch entity; add as many lines as you i g the 36 months prior to publicat	need by
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	er? Comments	
ApolloMD				salary	
University of Tenness Chattanooga (acader	see College of Medicine at mic institution)			salary	
/apotherm, Inc (cons	sulting fees)			consulting for development of educational materials	

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Section 4.	Intelligence Duran out of Detaute 9 Commission
	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Dr. Whittle sits or	n the advisory board of Physicians 360.
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Chattanooga (ac	rts personal fees from ApolloMD, personal fees from University of Tennessee College of Medicine at cademic institution), other from Vapotherm, Inc (consulting fees), outside the submitted work; and Dr. ne advisory board of Physicians 360.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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