

ICMJE DISCLOSURE FORM

Date: August 30, 2022

Your Name: Jun Fujinaga

Manuscript Title: Early administration of mucoactive agents and ventilator-free days:
A propensity score-matched study

Manuscript number (if known):_ ATM-22-4340

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Health, Labour and Welfare Policy Research Grants [Grant Number 19IA2024]	The funding sources had no role in the study design, in the collection, analysis and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.
3	Royalties or licenses	____ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

The author reports the Health, Labour and Welfare Policy Research Grants [Grant Number 19IA2024].

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: August 30, 2022

Your Name: Akira Kuriyama

Manuscript Title: Early administration of mucoactive agents and ventilator-free days:
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Manuscript number (if known): ATM-22-4340

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Date: August 30, 2022

Your Name: Mutsuo Onodera

Manuscript Title: Early administration of mucoactive agents and ventilator-free days:
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