Date:\_July 4th 2023

Your Name: \_\_Ovidiu Ionut Vornicu\_

Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications

Manuscript number (if known):\_ATM 23-1719

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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 initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

		53 1 - 59	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	ndersk there  Continuent Version  Continue Mortality Reduction in Severe Continuent Canton Canton Industrial I
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	Intelest of transparency, we ask you to decigae a e to the content of your manuscript. "Relates!" mo swhase interests may be affected by the concent whose interests may be affected by the concent content of the content of the content of the your of contents that your of
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	cour a ceremonal ps/lectivines/leterans seema in systems styry or repertension, you should rectan
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	Aziwasatane sa aman
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	BOOK X I MORBEL DE 19 LOQUE

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.

Dr. O. VORNICU

Anesthésie
CHU UCL Namur/ Site Godinne
Av. G. Thérasse, 1
B5530 Yvoir (Belgique)
1NAMI: 115945810-100

Date: 30/06/2023

**Your Name: Emily Marlynn Perriens** 

Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings

from a Large Randomized Controlled Trial and Their Clinical Implications

Manuscript number (if known): ATM-23-1719

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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.	

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.

E. Pemiers

Date:	03/	07/	2023
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Your Name: Sydney Blackman

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized

controlled trial and their clinical implications

Manuscript number (if known):\_\_\_\_\_

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.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.		

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.



Date:June 29 <sup>th</sup> , 2023
Your Name:Elina Smoos
Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized
controlled trial and their clinical implications
Manuscript number (if known):

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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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.

04/07/2023 8ms-

Date:	29	lune	29.	2023
Dute.		Juile	20,	2023

Your Name: AL SAMMOUR, Christophe

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized

controlled trial and their clinical implications

Manuscript number	(if known)	:

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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.	

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.

05/07/2023

Christophe Al Sammour

Your Name: Ilann Oueslati

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized

controlled trial and their clinical implications

uscript number (if known):	
uscript number (if known):	

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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	XNone  XNone	
-	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	

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.

Date:June 29 <sup>th</sup> , 2023
Your Name:Alexis Philippot
Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized
controlled trial and their clinical implications
Manuscript number (if known):

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 <u>current</u> <u>manuscript only</u>.

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		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 initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.			

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.

06/07/2023



Date	7 July 2023			
Your	Name:VIDAL BANKIER D	David		
Man	uscript Title: Mortality redu	ction in severe communit	y-acquired pneumonia: key findings from a large randomiz	ed
conti	olled trial and their clinical	implications		
Man	uscript number (if known):_			
relate partitrans relation. The finance mediate in items.	ed to the content of your mes whose interests may be a parency and does not necestonship/activity/interest, it collowing questions apply to ascript only.  Buthor's relationships/activipidemiology of hypertensic cation, even if that medicat	anuscript. "Related" mean affected by the content of ssarily indicate a bias. If y is preferable that you do so the author's relationship ties/interests should be do on, you should declare all tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains trelationships with manufacturers of antihypertensive	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	X None	-	
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)  No time limit for this item.			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2		XNone		

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
3	Noyalties of licenses		
4	Consulting for	V. Nana	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events  Payment for expert	V. Nene	
6	testimony	XNone	
	testimony		
7	Command for all and in a	V Nove	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or	XNone	
	nonfinancial interests		

Please summarize the above conflict of interest in the following box:		
None.		

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.

Signed and dated on the 12<sup>th</sup> of July 2023, David VIDAL BANKIER

David Jan Maller

You Mar rand	EJun. 29 <sup>th</sup> , 2023 Name:HADDAD Charbel uscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large pmized controlled trial and their clinical implications uscript number (if known):
rela part to ti	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ed to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third es whose interests may be affected by the content of the manuscript. Disclosure represents a commitment ensparency and does not necessarily indicate a bias. If you are in doubt about whether to list a conship/activity/interest, it is preferable that you do so.
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	m #1 below, report all support for the work reported in this manuscript without time limit. For all other items, me 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)  If the frame: Since the initial planning of the work

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Company for although	V N	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.		

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.

Signed and dated on the 6<sup>th</sup> of July 2023, Charbel Haddad

Date:June 29 <sup>th</sup> , 2023
Your Name:MAHA BENDOUMOU
Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized
controlled trial and their clinical implications
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.		

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.

Signed and dated on the 7<sup>th</sup> of July 2023, Maha Bendoumou



Date: June	29,	2023
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Your Name: FRANCOIS, Tom

Manuscript Title: Mortality reduction in severe community-acquired pneumonia: key findings from a large randomized

controlled trial and their clinical implications

Manuscript number (if known):\_\_\_\_\_

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.

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone

None.			

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.

06/29/2023

Date:June 28, 2023				
Your Name:MICHAUX Isabelle_				
Manuscript Title: Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from				
Large Randomized Controlled Trial and Their Clinical Implications				
Manuscript number (if known):_ATM-23-1719_				
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3	Royalties or licenses	XNone	
4	Consulting fees	X None	A CONTRACTOR OF THE CONTRACTOR

5	Payment or honoraria for lectures, presentations,	XNone	James Asicantal Laberta
	speakers bureaus, manuscript writing or educational events	in Cosmonning-Acquired Classes Implications	scips Titio
õ	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	interest of temper energy we can you unsured in a process of a to the contest of your manuscript, "Related" of whose interests may be affected by the contest of the contes
8	Patents planned, issued or pending	XNone	THE CONTRACTOR OF THE PERSON O
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	epidemiology of hypercesson, you study deca
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	about 1 100 and and 100 to 100 days

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Date:Feb. 25th, 2021	th 23.
Your Name:Eunice Xu > ~ ~ 4	Sure-Squee
	nunity-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implication
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.	
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Jeo Dence Sume-Sylves

30 yra 2023 ICMJE DISCLOSURE FORM
Date: Fob 25th 2021
Date: Feb. 25th, 2021 1 19 19 TAIL CAP
our Name: Eunice Xu
Mortality Reduction in Severe Community-Acquired Pneumonia: Key Findings from a Large Randomized Controlled Trial and Their Clinical Implications
Nanuscript number (if known): ATM-23 - 177)

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None
1	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	_X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
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Date:\_\_\_\_July. 4<sup>th</sup>, 2023\_\_\_\_

Consulting fees

\_X\_\_None

	ur Name: Pierre Bulpa _		
	<u> </u>	-	ommunity-Acquired Pneumonia: Key Findings from a Large
	ndomized Controlled Trial a		
M	anuscript number (if known)	): ATM-23-	1719
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me In	edication, even if that medic	cation is not mentioned in	e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
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		Time frame: Since the initia	al planning of the work
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L	All support for the present manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
2	Royalties or licenses	X None	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
Г			
	None.		
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28 fra 2023.