

#### 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.

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patent

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| Section 1.  | Identifying Inform  | ation                             |   |          |  |  |  |
|---|---|-----------------------------------|---|----------|--|--|--|
| 1. Given Name (Fir<br>Thomas  | rst Name)   | 2. Surname (Last Name)<br>Hellyer | 3. Date<br>09-June-2020                     |          |  |  |  |
| 4. Are you the cor  | responding author?  | Yes 🖌 No                          | Corresponding Author's Name<br>John Simpson |          |  |  |  |
| More research is  | 5. Manuscript Title<br>More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected<br>ventilator-associated pneumonia |                                   |   |          |  |  |  |
| 6. Manuscript Ider<br>ATM-20-3701   | ntifying Number (if you kn  | ow it)                            |   |          |  |  |  |
|   |   |                                   | _   |          |  |  |  |
| Section 2.  | The Work Under Co   | onsideration for Public           | cation                                      |          |  |  |  |
| 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   |   |                                   |   |          |  |  |  |
|   |   |                                   |   |          |  |  |  |
| Section 3.  | Relevant financial  | activities outside the s          | ubmitted work.                              |          |  |  |  |
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| Section 4.  |   |                                   |   |          |  |  |  |
| Section 4.  | Intellectual Proper   | ty Patents & Copyrig              | Jhts  |          |  |  |  |
| Do you have any   | patents, whether plan   | ned, pending or issued, br        | oadly relevant to the work?                 | Yes 🖌 No |  |  |  |



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Dr. Hellyer has nothing to disclose.

#### **Evaluation and Feedback**



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| Section 1.  |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Identifying Inform  | nation  |   |  |  |  |  |  |
| 1. Given Name (First Name)<br>Danny   | 2. Surname (Last Name)<br>McAuley   | 3. Date<br>12-June-2020                     |  |  |  |  |  |
| 4. Are you the corresponding author?  |   | Corresponding Author's Name<br>John Simpson |  |  |  |  |  |
| 5. Manuscript Title<br>More research is required to understan<br>ventilator-associated pneumonia  | More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected |   |  |  |  |  |  |
| 6. Manuscript Identifying Number (if you ki<br>ATM-20-3701  | 6. Manuscript Identifying Number (if you know it)<br>ATM-20-3701  |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
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| 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? <b>V</b> Yes <b>No</b> |   |   |  |  |  |  |  |
| If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.<br>Excess rows can be removed by pressing the "X" button.  |   |   |  |  |  |  |  |
| Name of Institution/Company   |   | Financial Other? Comments                   |  |  |  |  |  |
| ellcome Trust and NIHR  |   |   |  |  |  |  |  |

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

| Name of Entity                         | Grant?       | Personal<br>Fees | Non-Financial<br>Support? | Other? | Comments   |  |
|--|--------------|------------------|---------------------------|--------|--|--|
| NIHR, Wellcome Trust and other funders | $\checkmark$ |                  |                           |        | Investigator in studies investigating new treatments in ARDS |  |
| GlaxoSmithKline                        |              | $\checkmark$     |                           |        | Consultancy for treatment of ARDS                            |  |
| Bayer                                  |              | $\checkmark$     |                           |        | Consultancy for treatment of ARDS                            |  |



| Name of Entity       | Grant? | Personal<br>Fees <b>?</b> | Non-Financial<br>Support? | Other? | Comments                          |  |
|----------------------|--------|---------------------------|---------------------------|--------|-----------------------------------|--|
| Boehringer Ingelheim |        | $\checkmark$              |                           |        | Consultancy for treatment of ARDS |  |

#### Section 4.

#### **Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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#### Section 6.

**Disclosure Statement** 

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DFM reports a grant from the Wellcome Trust and NIHR for the conduct of the study. Outside the submitted work, DFM reports personal fees from consultancy for GlaxoSmithKline, Boehringer Ingelheim and Bayer. In addition his institution has received funds from grants from the UK NIHR, Wellcome Trust, Innovate UK and others. DFM is a Director of Research for the Intensive Care Society and NIHR EME Programme Director.

#### **Evaluation and Feedback**

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

🖌 No



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|---|---------------------------------|------------------------------|--|--|--|--|--|
| 1. Given Name (Fi<br>Timothy  | rst Name)                       | ame) 3. Date<br>12-June-2020 |  |  |  |  |  |
| 4. Are you the cor  | responding author?              | Yes 🖌 No                     | Corresponding Author's Name<br>John Simpson  |  |  |  |  |
| 5. Manuscript Title<br>More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected<br>ventilator-associated pneumonia   |                                 |                              |  |  |  |  |  |
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|   |                                 |                              |  |  |  |  |  |
| Section 2.  | The Work Under Co               | onsideration for P           | Publication  |  |  |  |  |
| any aspect of the s<br>statistical analysis,  | ubmitted work (including etc.)? | but not limited to gra       | es from a third party (government, commercial, private foundation, etc.) for<br>ants, data monitoring board, study design, manuscript preparation, |  |  |  |  |
| lf yes, please fill o   |                                 | ormation below. If yo        | No not not not not not not not not not no  |  |  |  |  |
| Excess rows can   | be removed by pressing          |                              |  |  |  |  |  |
| Name of Institut  | ion/Company                     | Grant? Personal<br>Fees?     | I Non-Financial Other? Comments  |  |  |  |  |
| Wellcome Trust/NIHF   | 1                               |                              | co-applicant on project grant  |  |  |  |  |
|   |                                 |                              |  |  |  |  |  |
| Section 3.  | Polovant financial              | activitios outsido           | the submitted work   |  |  |  |  |
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| Are there any rel   | evant conflicts of intere       | est? Yes 🗸                   | No   |  |  |  |  |
| Section 4.  |                                 |                              |  |  |  |  |  |
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| Do you have any   | patents, whether plan           | ned, pending or issu         | ied, broadly relevant to the work? Yes 🖌 No  |  |  |  |  |
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|--|----------------------------|------------------------------------|---|-------------------------|--|--|
| 1. Given Name (Fir<br>Niall  | rst Name)                  | 2. Surname (Last Name)<br>Anderson |   | 3. Date<br>12-June-2020 |  |  |
| 4. Are you the cor   | responding author?         | Yes 🖌 No                           | Corresponding Author's Name<br>John Simpson |                         |  |  |
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|---|----------------------------|---|---|-------------------------|--|--|
| 1. Given Name (Fin<br>Andrew  | rst Name)                  | 2. Surname (Last Name)<br>Conway Morris |   | 3. Date<br>11-June-2020 |  |  |
| 4. Are you the corr   | responding author?         | Yes 🖌 No                                | Corresponding Author's Name<br>John Simpson |                         |  |  |
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| 6. Manuscript Ider<br>ATM-20-3701   | ntifying Number (if you kn | ow it)                                  |   |                         |  |  |
|   |                            |   | -   |                         |  |  |
| Section 2.  | The Work Under Co          | onsideration for Public                 | ation                                       |                         |  |  |
| Did you or your institution <b>at any time</b> 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.)?<br>Are there any relevant conflicts of interest? Yes Yes No             |                            |   |   |                         |  |  |
| Section 3.  |                            |   |   |                         |  |  |
| Section St  | Relevant financial         | activities outside the s                | ubmitted 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 <b>present during the 36 months prior to publication</b> . |                            |   |   |                         |  |  |
| Are there any rel   | evant conflicts of intere  | st? Yes ✓ No                            |   |                         |  |  |
|   | l                          |   |   |                         |  |  |
| Section 4.  | Intellectual Proper        | ty Patents & Copyrig                    | hts   |                         |  |  |
| 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

he is a member of the advisory board of Serendex pharmaceuticals

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

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Dr. Conway Morris reports he is a member of the advisory board of Serendex pharmaceuticals.

#### **Evaluation and Feedback**



#### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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patent

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| Section 1. Identifying Inform   | ation  |   |                          |  |  |  |
|---|--|---|--------------------------|--|--|--|
| 1. Given Name (First Name)<br>Suveer  | 2. Surname (Last Name)<br>Singh                                      |   | Date<br>3-June-2020      |  |  |  |
| 4. Are you the corresponding author?  | Yes 🖌 No   | Corresponding Author's Name<br>John Simpson |                          |  |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia   | d factors influencing antib  | iotic prescribing in complex co             | onditions like suspected |  |  |  |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-3701  | ow it)   | _   |                          |  |  |  |
| Section 2. The Work Under Co  | onsideration for Publi   | cation                                      |                          |  |  |  |
| Did you or your institution <b>at any time</b> recei<br>any aspect of the submitted work (including<br>statistical analysis, etc.)?   |  |   |                          |  |  |  |
| Are there any relevant conflicts of intere  | est? Yes 🖌 No  |   |                          |  |  |  |
| Section 3. Relevant financial   | Section 3. Relevant financial activities outside the submitted work. |   |                          |  |  |  |
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| Are there any relevant conflicts of interest?  Yes  No<br>If yes, please fill out the appropriate information below.  |  |   |                          |  |  |  |
| Name of Entity  | Grant•   | n-Financial<br>Support? Comm                | ents                     |  |  |  |
| Ambu Ltd Meeting fees   |  | Ambu Lto                                    | d for Key opinion leader |  |  |  |

Section 4. **Intellectual Property -- Patents & Copyrights** Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No

meetings



# Section 5. Relationships not covered above

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Dr. Singh reports personal fees from Ambu Ltd outside the submitted work .

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| Section 1   |                            |                                |  |                                  |  |
|---|----------------------------|--------------------------------|--|----------------------------------|--|
| Section 1.  | Identifying Inform         | ation                          |  |                                  |  |
| 1. Given Name (Fi<br>Paul   | rst Name)                  | 2. Surname (Last Name)<br>Dark |  | 3. Date<br>10-June-2020          |  |
| 4. Are you the cor  | responding author?         | Yes 🖌 No                       | Corresponding Author's Nai<br>John Simpson | ne                               |  |
|   |                            | l factors influencing antib    | iotic prescribing in complex               | c conditions like suspected      |  |
| 6. Manuscript Ider<br>ATM-20-3701   | ntifying Number (if you kn | ow it)                         |  |                                  |  |
|   |                            |                                | _  |                                  |  |
| Section 2.  | The Work Under Co          | onsideration for Publi         | cation                                     |                                  |  |
| 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 Y No |                            |                                |  |                                  |  |
|   |                            |                                |  |                                  |  |
| Section 3.  | Relevant financial a       | activities outside the s       | submitted work.                            |                                  |  |
|   |                            |                                | ether you have financial rel               | ationships (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? | $\checkmark$ | Yes |  | No |
|---|--------------|-----|--|----|
|---|--------------|-----|--|----|

If yes, please fill out the appropriate information below.

| Name of Entity   | Grant?       | Personal<br>Fees <b>?</b> | Non-Financial<br>Support? | Other? | Comments   |  |
|--|--------------|---------------------------|---------------------------|--------|--|--|
| Clinical Advisory Board member,<br>DNAelectronics Ltd, for infection and sepsis<br>diagnosis and treatment |              |                           |                           |        | Service level agreement contact with<br>NHS employer |  |
| From UK's NIHR for clinical trials in severe infection/sepsis  | $\checkmark$ |                           |                           |        |  |  |

Section 4.

**Intellectual Property -- Patents & Copyrights** 

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

✓ No



# Section 5. Relationships not covered above

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Dr. Dark reports other from Clinical Advisory Board member, DNAelectronics Ltd, for infection and sepsis diagnosis and treatment, grants from From UK's NIHR for clinical trials in severe infection/sepsis, outside the submitted work; .

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| Section 1. Identifying Inform   | n 1. Identifying Information  |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| 1. Given Name (First Name)<br>Alistair  | 2. Surname (Last Name)<br>Roy   | 3. Date<br>12-June-2020                     |  |  |  |  |  |
| 4. Are you the corresponding author?  | Yes 🖌 No  | Corresponding Author's Name<br>John Simpson |  |  |  |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia   | More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected |   |  |  |  |  |  |
| 6. Manuscript Identifying Number (if you kr<br>ATM-20-3701  | now it)   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| Section 2. The Work Under Co  | onsideration for Public   | ation                                       |  |  |  |  |  |
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|   |   |   |  |  |  |  |  |
| Section 3. Relevant financial   | activities outside the s  | ubmitted work.                              |  |  |  |  |  |
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| Section 4. Intellectual Proper  | ty Patents & Copyrig  | hts   |  |  |  |  |  |
| Do you have any patents, whether plan   |   |   |  |  |  |  |  |



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Dr. Roy has nothing to disclose.

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patent

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| Section 1. Identifying Inform  | ation                             |  |  |  |  |
|--|-----------------------------------|--|--|--|--|
| 1. Given Name (First Name)<br>Gavin  | 2. Surname (Last Name)<br>Perkins | 3. Date<br>11-June-2020                                |  |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                          | Corresponding Author's Name<br>John Simpson            |  |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia  | d factors influencing antibi      | iotic prescribing in complex conditions like suspected |  |  |  |
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|  |                                   | -  |  |  |  |
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|  |                                   |  |  |  |  |
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| Intellectual Proper  | ty Patents & Copyrig              | hts  |  |  |  |
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Prof. Perkins has nothing to disclose.

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| Section 1.   | Identifying Inform  | ation                              |   |                         |  |  |
|--|---------------------|------------------------------------|---|-------------------------|--|--|
| 1. Given Name (Fir<br>Ronan  | rst Name)           | 2. Surname (Last Name)<br>McMullan |   | 3. Date<br>10-June-2020 |  |  |
| 4. Are you the cor   | responding author?  | Yes 🖌 No                           | Corresponding Author's Name<br>John Simpson |                         |  |  |
| 5. Manuscript Title<br>More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected<br>ventilator-associated pneumonia  |                     |                                    |   |                         |  |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-20-3701   |                     |                                    |   |                         |  |  |
|  |                     |                                    |   |                         |  |  |
| Section 2.   | The Work Under Co   | onsideration for Public            | ation                                       |                         |  |  |
| 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  |                     |                                    |   |                         |  |  |
|  |                     |                                    |   |                         |  |  |
| Section 3.   | Relevant financial  | activities outside the s           | ubmitted 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 <b>present during the 36 months prior to publication</b> . Are there any relevant conflicts of interest? Yes Yes No |                     |                                    |   |                         |  |  |
| Section 4.   | Intellectual Proper | ty Patents & Copyrig               | hts   |                         |  |  |
| Do you have any  |                     |                                    | oadly 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?

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Dr. McMullan has nothing to disclose.

#### **Evaluation and Feedback**



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patent

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Emerson



| Section 1. Identifying Inform  | nation                            |   |  |  |  |
|--|-----------------------------------|---|--|--|--|
| 1. Given Name (First Name)<br>Lydia  | 2. Surname (Last Name)<br>Emerson | 3. Date<br>12-June-2020                               |  |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                          | Corresponding Author's Name<br>John Simpson           |  |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia  | d factors influencing antibi      | otic prescribing in complex conditions like suspected |  |  |  |
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| Section 3. Relevant financial  | activities outside the s          | ubmitted work.  |  |  |  |
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| Section 4. Intellectual Drenov   |                                   |   |  |  |  |
| Intellectual Proper  | rty Patents & Copyrig             |   |  |  |  |
| Do you have any patents, whether plan  | ned, pending or issued, bro       | oadly relevant to the work? 🗌 Yes 🖌 No                |  |  |  |



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| Section 1.  | Identifying Inform         | ation                               |   |                         |  |  |  |
|---|----------------------------|-------------------------------------|---|-------------------------|--|--|--|
| 1. Given Name (Fii<br>Bronagh   | rst Name)                  | 2. Surname (Last Name)<br>Blackwood |   | 3. Date<br>12-June-2020 |  |  |  |
| 4. Are you the con  | responding author?         | Yes 🖌 No                            | Corresponding Author's Name<br>John Simpson |                         |  |  |  |
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| Section 3.  |                            |                                     |   |                         |  |  |  |
| Section 3.  | Relevant financial         | activities outside the              | submitted work.                             |                         |  |  |  |
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|   | l                          |                                     |   |                         |  |  |  |
| Section 4.  | Intellectual Proper        | ty Patents & Copyri                 | ghts  |                         |  |  |  |
| Do you have any   | patents, whether plan      | ned, pending or issued, b           | roadly relevant to the work?                | Yes 🖌 No                |  |  |  |



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Dr. Blackwood has nothing to disclose.

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| Section 1.   | Identifying Inform  | ation                         |   |   |  |  |
|--|---|-------------------------------|---|---|--|--|
| 1. Given Name (Fir<br>Stephen  | I. Given Name (First Name) 2. Surname (Last Nam<br>Stephen Wright |                               | e) 3. Date<br>13-June-2020  |   |  |  |
| 4. Are you the cor   | responding author?  | Yes 🖌 No                      | Corresponding Author's Name<br>John Simpson                       | e   |  |  |
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| any aspect of the s<br>statistical analysis,   | ubmitted work (including  | but not limited to grants, da | a third party (government, com<br>ta monitoring board, study desi | mercial, private foundation, etc.) for<br>gn, manuscript preparation, |  |  |
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| Section 3.   | Relevant financial  | activities outside the s      | ubmitted work.  |   |  |  |
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| Section 1. Identifying Inform   | ation                            |  |  |  |  |  |
|---|----------------------------------|--|--|--|--|--|
| 1. Given Name (First Name)<br>Kallirroi   | 2. Surname (Last Name)<br>Kefala | 3. Date<br>10-June-2020  |  |  |  |  |
| 4. Are you the corresponding author?  | Yes 🖌 No                         | Corresponding Author's Name<br>John Simpson  |  |  |  |  |
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| Contract of the second s |                                  |  |  |  |  |  |
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| Section 1. Identifying Inform   |   |                                     |                         |  |  |  |
|---|---|-------------------------------------|-------------------------|--|--|--|
| Identifying Inform  | ation   |                                     |                         |  |  |  |
| 1. Given Name (First Name)<br>Cecilia   | 2. Surname (Last Name)<br>O'Kane  |                                     | 3. Date<br>10-June-2020 |  |  |  |
| 4. Are you the corresponding author?  | Yes 🖌 No  | Corresponding Autho<br>John Simpson | r's Name                |  |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia   | More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected |                                     |                         |  |  |  |
| 6. Manuscript Identifying Number (if you kr<br>ATM-20-3701  | now it)   |                                     |                         |  |  |  |
|   |   |                                     |                         |  |  |  |
| Section 2. The Work Under Co  | onsideration for Public   | cation                              |                         |  |  |  |
| 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? <b>V</b> Yes <b>No</b> |   |                                     |                         |  |  |  |
| If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.<br>Excess rows can be removed by pressing the "X" button.  |   |                                     |                         |  |  |  |
| Name of Institution/Company   | Grant   | n-Financial<br>upport? Other?       | Comments                |  |  |  |
| Wellcome Trust and NIHR   |   |                                     |                         |  |  |  |

# 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 No

If yes, please fill out the appropriate information below.

| Name of Entity  | Grant? | Personal<br>Fees | Non-Financial<br>Support? | Other?       | Comments   |
|-----------------|--------|------------------|---------------------------|--------------|--|
| GlaxoSmithKline |        |                  |                           | $\checkmark$ | Spouse has undertaken consultancy for treatment of ARDS    |
| Bayer           |        |                  |                           | $\checkmark$ | Spouse has undertaken consultancy<br>for treatment of ARDS |



| Grant?   | Personal<br>Fees <b>?</b>   | Non-Financial<br>Support?  | Other?  | Comments   |  |
|--|---|--|---|--|--|
|  |   |  | $\checkmark$  | Spouse has undertaken consultancy for treatment of ARDS  |  |
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| ty Pate  | ents & Coj  | oyrights   |   |  |  |
| ied, pend  | ing or issue  | ed, broadly releva   | nt to the   | work? Yes 🖌 No   |  |
|  |   |  |   |  |  |
| overed   | above   |  |   |  |  |
| s that read  | ders could j  | perceive to have i   | influence   | d, or that give the appearance of  |  |
|  |   |  |   |  |  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |   |  |   |  |  |
| No other relationships/conditions/circumstances that present a potential conflict of interest  |   |  |   |  |  |
| urpale wi  | ll ack autho  | ors to confirm and   | lifnocos  | sany updato their disclosure statements  |  |
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#### 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. O'Kane reports grants from Wellcome Trust and NIHR, during the conduct of the study; other from GlaxoSmithKline, other from Bayer, other from Boehringer Ingelheim, outside the submitted work.

### **Evaluation and Feedback**



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patent

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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

Baudouin



| Section 1. Identifying Inform   | nation  |   |  |  |  |  |
|---|---|---|--|--|--|--|
| 1. Given Name (First Name)<br>Simon   | 2. Surname (Last Name)<br>Baudouin  | 3. Date<br>11-June-2020                               |  |  |  |  |
| 4. Are you the corresponding author?  | Yes 🖌 No  | Corresponding Author's Name<br>John Simpson           |  |  |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia   | d factors influencing antib   | otic prescribing in complex conditions like suspected |  |  |  |  |
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|   |   | -   |  |  |  |  |
| Section 2. The Work Under Co  | onsideration for Public   | ation   |  |  |  |  |
| any aspect of the submitted work (including statistical analysis, etc.)?  | 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 Ves No |   |  |  |  |  |
|   |   |   |  |  |  |  |
| Section 3. Relevant financial   | activities outside the s  | ubmitted 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 <b>present during the 36 months prior to publication</b> .<br>Are there any relevant conflicts of interest? Yes Vo |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| Section 4. Intellectual Proper  | rty Patents & Copyrig   | hts   |  |  |  |  |
| Do you have any patents, whether plan   | ned, pending or issued, br  | oadly 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

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. Baudouin has nothing to disclose.

#### **Evaluation and Feedback**



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| Section 1.  | Identifying Inform                                   | ation                         |  |  |  |  |
|---|--|-------------------------------|--|--|--|--|
| 1. Given Name (Fir<br>Ross  | Name (First Name) 2. Surname (Last Name)<br>Paterson |                               |  | 3. Date<br>13-June-2020  |  |  |
| 4. Are you the corr   | responding author?                                   | Yes 🖌 No                      | Corresponding Author's Nan<br>John Simpson                       | ne   |  |  |
| 5. Manuscript Title<br>More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected<br>ventilator-associated pneumonia   |  |                               |  |  |  |  |
| 6. Manuscript Ider<br>ATM-20-3701   | ntifying Number (if you kn                           | now it)                       |  |  |  |  |
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| Section 2.  | The Work Under Co                                    | onsideration for Public       | cation   |  |  |  |
| any aspect of the s<br>statistical analysis,  | ubmitted work (including                             | but not limited to grants, da | a third party (government, cor<br>ta monitoring board, study des | nmercial, private foundation, etc.) for<br>sign, manuscript preparation, |  |  |
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| Section 3.  |  |                               | a la constata a la constala                                      |  |  |  |
|   | Relevant financial                                   | activities outside the s      | 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 <b>present during the 36 months prior to publication</b> .<br>Are there any relevant conflicts of interest? Yes V No |  |                               |  |  |  |  |
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| Jecuonar  | Intellectual Proper                                  | ty Patents & Copyrig          | Jhts   |  |  |  |
| Do you have any   | patents, whether plan                                | ned, pending or issued, br    | oadly relevant to the work?                                      | Yes 🖌 No   |  |  |



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patent

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| Section 1.  | Identifying Inform  | ation                         |  |   |  |  |
|---|---|-------------------------------|--|---|--|--|
| 1. Given Name (Fir<br>Anthony   | . Given Name (First Name) 2. Surname (Last<br>Anthony Rostron |                               |  | 3. Date<br>10-June-2020   |  |  |
| 4. Are you the cor  | responding author?  | Yes 🖌 No                      | Corresponding Author's Nam<br>John Simpson                       | ne  |  |  |
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|--|---|------------------------------|--|-------------------------|--|--|
| 1. Given Name (Fin<br>Ashley   | 1. Given Name (First Name)2. SurAshleyAgus  |                              |  | 3. Date<br>11-June-2020 |  |  |
| 4. Are you the cor   | responding author?  | Yes 🖌 No                     | Corresponding Author's Nam<br>John Simpson | e                       |  |  |
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| any aspect of the s statistical analysis,  | 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 Ves No |                              |  |                         |  |  |
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| Section 4.   |   |                              |  |                         |  |  |
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#### **Evaluation and Feedback**



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patent

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| Section 1.  | Identifying Inform         | ation                                   |  |                         |  |
|---|----------------------------|---|--|-------------------------|--|
| 1. Given Name (Fin<br>Jonathan  | rst Name)                  | 2. Surname (Last Name)<br>Bannard-Smith |  | 3. Date<br>13-June-2020 |  |
| 4. Are you the corr   | responding author?         | Yes 🖌 No                                | Corresponding Author's Nan<br>John Simpson | ne                      |  |
| 5. Manuscript Title<br>More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected<br>ventilator-associated pneumonia   |                            |   |  |                         |  |
| 6. Manuscript Ider<br>ATM-20-3701   | ntifying Number (if you kn | ow it)                                  |  |                         |  |
|   |                            |   | -  |                         |  |
| Section 2.  | The Work Under Co          | onsideration for Public                 | ation                                      |                         |  |
| Did you or your institution <b>at any time</b> 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.)?<br>Are there any relevant conflicts of interest? Yes V No   |                            |   |  |                         |  |
| Section 3.  |                            |   |  |                         |  |
| Section 3.  | Relevant financial         | activities outside the s                | ubmitted 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 <b>present during the 36 months prior to publication</b> . Are there any relevant conflicts of interest? Yes You |                            |   |  |                         |  |
|   |                            |   |  |                         |  |
| Section 4.  | Intellectual Proper        | ty Patents & Copyrig                    | hts  |                         |  |
| Do you have any   | patents, whether planr     | ned, pending or issued, br              | oadly relevant to the work?                | Yes 🗸 No                |  |



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|--|---|------------------------------|--|-------------------------|--|--|
| 1. Given Name (Fin<br>Nicole   | 1. Given Name (First Name) 2. Surna<br>Nicole Robin   |                              |  | 3. Date<br>10-June-2020 |  |  |
| 4. Are you the con   | responding author?  | Yes 🖌 No                     | Corresponding Author's Nam<br>John Simpson | ne                      |  |  |
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| any aspect of the s statistical analysis,  | 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 plan   | ned, pending or issued, br   | oadly relevant to the work?                | Yes 🖌 No                |  |  |



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| 1. Given Name (Fir<br>Ingeborg   | iven Name (First Name) 2. Surname (Last Name)<br>eborg Welters  |                            | 3. Date<br>11-June-2020                     |          |  |  |
| 4. Are you the cor   | responding author?  | Yes 🖌 No                   | Corresponding Author's Name<br>John Simpson | 2        |  |  |
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Bassford



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|---|---------------------|------------------------------------|---|--|--|
| 1. Given Name (First Name)<br>Christopher   |                     | 2. Surname (Last Name)<br>Bassford | 3. Date<br>11-June-2020                     |  |  |
| 4. Are you the corresponding author?  |                     | Yes 🖌 No                           | Corresponding Author's Name<br>John Simpson |  |  |
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# Section 6. Disclosure Statement

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Dr. Yates has nothing to disclose.

#### **Evaluation and Feedback**



#### Instructions

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patent

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Spencer



| Section 1.   | Identifying Inform         | ation                       |  |                           |
|--|----------------------------|-----------------------------|--|---------------------------|
| 1. Given Name (First Name)     2. Surname (Last Name)       Craig     Spencer  |                            |                             | 3. Date<br>11-June-2020                    |                           |
| 4. Are you the corresponding author?   |                            | Yes 🖌 No                    | Corresponding Author's Nam<br>John Simpson | ne                        |
| 5. Manuscript Title<br>More research is<br>ventilator-associ   | required to understand     | d factors influencing antib | otic prescribing in complex                | conditions like suspected |
| 6. Manuscript Ider<br>ATM-20-3701  | ntifying Number (if you kn | now it)                     | -  |                           |
|  |                            |                             |  |                           |
| Section 2.   | The Work Under Co          | onsideration for Public     | ation                                      |                           |
| 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  |                            |                             |  |                           |
|  |                            |                             |  |                           |
| Section 3.   | Relevant financial         | activities outside the s    | ubmitted work.                             |                           |
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| <b>6</b>   |                            |                             |  |                           |
| Section 4.   | Intellectual Proper        | rty Patents & Copyrig       | hts  |                           |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No  |                            |                             |  |                           |



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| Section 1.   | Identifying Inform         | ation                          |  |                           |
|--|----------------------------|--------------------------------|--|---------------------------|
|  |                            | 2. Surname (Last Name)<br>Laha |  | 3. Date<br>12-June-2020   |
| 4. Are you the cor   | responding author?         | Yes 🖌 No                       | Corresponding Author's Nam<br>John Simpson | e                         |
| 5. Manuscript Title<br>More research is<br>ventilator-associ   | required to understand     | d factors influencing antibi   | otic prescribing in complex                | conditions like suspected |
| 6. Manuscript Ider<br>ATM-20-3701  | ntifying Number (if you kn | now it)                        |  |                           |
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| Section 2.   | The Work Under Co          | onsideration for Public        | ation                                      |                           |
| 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 Ver No  |                            |                                |  |                           |
|  |                            |                                |  |                           |
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|  | Intellectual Proper        | ty Patents & Copyrig           | hts  |                           |
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| Section 1. Identifying Inform  | ation                           |   |  |  |
|--|---------------------------------|---|--|--|
| 1. Given Name (First Name)<br>Jonathan   | 2. Surname (Last Name)<br>Hulme | 3. Date<br>13-June-2020                               |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                        | Corresponding Author's Name<br>John Simpson           |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia  | d factors influencing antibi    | otic prescribing in complex conditions like suspected |  |  |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-3701   | ow it)                          |   |  |  |
|  |                                 |   |  |  |
| Section 2. The Work Under Co   | onsideration for Public         | ation   |  |  |
| 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 Y No  |                                 |   |  |  |
|  |                                 |   |  |  |
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| Section 1.   | Identifying Inform         | ation                            |  |                           |
|--|----------------------------|----------------------------------|--|---------------------------|
|  |                            | 2. Surname (Last Name)<br>Bonner |  | 3. Date<br>10-June-2020   |
| 4. Are you the corresponding author?   |                            | Yes 🖌 No                         | Corresponding Author's Nam<br>John Simpson | e                         |
| 5. Manuscript Title<br>More research is<br>ventilator-associ   | required to understand     | d factors influencing antib      | iotic prescribing in complex (             | conditions like suspected |
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|--|----------------------------|-----------------------------------|--|---------------------------|
| 1. Given Name (First Name)2. SurnameVanessaLinnett   |                            | 2. Surname (Last Name)<br>Linnett |  | 3. Date<br>13-June-2020   |
| 4. Are you the corresponding author?   |                            | Yes 🖌 No                          | Corresponding Author's Nam<br>John Simpson | ne                        |
| 5. Manuscript Title<br>More research is<br>ventilator-associ   | required to understand     | d factors influencing antib       | otic prescribing in complex                | conditions like suspected |
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Dr. Linnett has nothing to disclose.

#### **Evaluation and Feedback**



#### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

### 5. Relationships not covered above.

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patent

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Sonksen



| Section 1. Identifying Inform  | nation                            |   |  |  |
|--|-----------------------------------|---|--|--|
| 1. Given Name (First Name)<br>Julian   | 2. Surname (Last Name)<br>Sonksen | 3. Date<br>11-June-2020                               |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                          | Corresponding Author's Name<br>John Simpson           |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia  | d factors influencing antibi      | otic prescribing in complex conditions like suspected |  |  |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-3701   | now it)                           |   |  |  |
|  |                                   | -   |  |  |
| Section 2. The Work Under Co   | onsideration for Public           | ation   |  |  |
| 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  |                                   |   |  |  |
| Section 3. Belavant financial  |                                   |   |  |  |
| 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 <b>present during the 36 months prior to publication</b> .<br>Are there any relevant conflicts of interest? Yes You |                                   |   |  |  |
| Section 4. Intellectual Proper   | rty Patents & Copyrig             | hts   |  |  |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work?   |                                   |   |  |  |



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Dr. Sonksen has nothing to disclose.

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| Section 1.  | Identifying Inform  | ation                                    |   |                        |  |
|---|---|--|---|------------------------|--|
| 1. Given Name (Fir<br>Tina  | st Name)  | 2. Surname (Last Name)<br>Van Den Broeck |   | 8. Date<br>2-June-2020 |  |
| 4. Are you the corresponding author?  |   | Yes 🖌 No                                 | Corresponding Author's Name<br>John Simpson | 2                      |  |
| More research is  | 5. Manuscript Title<br>More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected<br>ventilator-associated pneumonia |  |   |                        |  |
| 6. Manuscript Iden<br>ATM-20-3701   | ntifying Number (if you kn  | ow it)                                   |   |                        |  |
|   |   |  | -   |                        |  |
| Section 2.  | The Work Under Co   | onsideration for Public                  | ation                                       |                        |  |
| 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   |   |  |   |                        |  |
|   |   |  |   |                        |  |
| Section 3. Relevant financial activities outside the submitted work.  |   |  |   |                        |  |
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|   |   |  |   |                        |  |
| Section 4.  | Intellectual Proper   | ty Patents & Copyrig                     | hts   |                        |  |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No   |   |  |   |                        |  |



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| Section 1. Identifying Information  |  |  |  |  |
|---|--|--|--|--|
| 1. Given Name (First Name)2. Surname (Last Name)3. DateGertBoschman12-June-2020   |  |  |  |  |
| 4. Are you the corresponding author? Yes ✓ No Corresponding Author's Name John Simpson  |  |  |  |  |
| 5. Manuscript Title<br>More research is required to understand factors influencing antibiotic prescribing in complex conditions like suspected<br>ventilator-associated pneumonia   |  |  |  |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-20-3701  |  |  |  |  |
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| Name of EntityGrant?Personal<br>Fees?Non-Financial<br>Support?Other?Comments  |  |  |  |  |
| Secton Dickinson & Company  |  |  |  |  |

| Section 4.      | Intellectual Property Patents & Copyrights                                 |      |
|-----------------|--|------|
| Do you have any | patents, whether planned, pending or issued, broadly relevant to the work? | ✓ No |



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Dr. Boschman reports other from Becton Dickinson & Company, outside the submitted work .

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Keenan



| Section 1. Identifying Informa  | ation                            |                                  |                                  |  |
|---|----------------------------------|----------------------------------|----------------------------------|--|
| 1. Given Name (First Name)<br>James   | 2. Surname (Last Name)<br>Keenan |                                  | 3. Date<br>14-June-2020          |  |
| 4. Are you the corresponding author?  | Yes 🖌 No                         | Corresponding Autho<br>J Simpson | pr's Name                        |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia   | factors influencing antib        | piotic prescribing in co         | omplex conditions like suspected |  |
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| Name of Entity  | Grant•                           | n-Financial<br>Support? Other?   | Comments                         |  |
|   |                                  |                                  | Salaried employee                |  |
|   |                                  |                                  |                                  |  |

 Section 4.
 Intellectual Property -- Patents & Copyrights

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

 Yes
 Image: No



## Section 5. Relationships not covered above

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Dr. Keenan reports other from null, outside the submitted work.

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| Section 1. Identifying Inform  | nation                          |   |  |  |
|--|---------------------------------|---|--|--|
| 1. Given Name (First Name)<br>Jonathan   | 2. Surname (Last Name)<br>Scott | 3. Date<br>10-June-2020                               |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                        | Corresponding Author's Name<br>John Simpson           |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia  | d factors influencing antibi    | otic prescribing in complex conditions like suspected |  |  |
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Scott has nothing to disclose.

#### **Evaluation and Feedback**



#### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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| Section 1. Identifying Inform  | nation                          |   |  |  |
|--|---------------------------------|---|--|--|
| 1. Given Name (First Name)<br>Joy  | 2. Surname (Last Name)<br>Allen | 3. Date<br>11-June-2020                               |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                        | Corresponding Author's Name<br>John Simpson           |  |  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia  | d factors influencing antib     | otic prescribing in complex conditions like suspected |  |  |
| 6. Manuscript Identifying Number (if you kr<br>ATM-20-3701   | now it)                         |   |  |  |
|  |                                 | -   |  |  |
| Section 2. The Work Under Co   | onsideration for Public         | ation   |  |  |
| 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  |                                 |   |  |  |
|  |                                 |   |  |  |
| Section 3. Relevant financial  | activities outside the s        | ubmitted 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 <b>present during the 36 months prior to publication</b> . Are there any relevant conflicts of interest? Yes No |                                 |   |  |  |
| Section 4. Intellectual Bronou   |                                 |   |  |  |
| Intellectual Proper  | rty Patents & Copyrig           | hts   |  |  |
| 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):

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Dr. Allen has nothing to disclose.

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| Section 1. Identifying Inform   | ation  |  |
|---|--|--|
| 1. Given Name (First Name)<br>Glenn   | 2. Surname (Last Name)<br>Phair                            | 3. Date<br>12-June-2020  |
| 4. Are you the corresponding author?  | Yes 🖌 No   | Corresponding Author's Name<br>John Simpson  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia | d factors influencing antibi                               | otic prescribing in complex conditions like suspected  |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-3701  | now it)  |  |
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| Section 2. The Work Under Co  | onsideration for Public                                    | ation  |
|   | but not limited to grants, da                              | a third party (government, commercial, private foundation, etc.) for<br>ta 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 descri  | bed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount<br>e one line for each entity; add as many lines as you need by<br>e <b>present during the 36 months prior to publication</b> . |
| Section 4. Intellectual Drener  |  |  |
|   | ty Patents & Copyrig                                       |  |
| Do you have any patents, whether plan   | ned, pending or issued, bro                                | oadly relevant to the work? Yes 🖌 No   |



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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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Mr. Phair has nothing to disclose.

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| Section 1. Identifying Inform   | ation  |  |
|---|--|--|
| 1. Given Name (First Name)<br>Jennie  | 2. Surname (Last Name)<br>Parker                           | 3. Date<br>09-June-2020  |
| 4. Are you the corresponding author?  | Yes 🖌 No   | Corresponding Author's Name<br>John Simpson  |
| 5. Manuscript Title<br>More research is required to understand<br>ventilator-associated pneumonia | d factors influencing antibi                               | iotic prescribing in complex conditions like suspected   |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-3701  | low it)  |  |
|   |  |  |
| Section 2. The Work Under Co  | onsideration for Public                                    | ation  |
|   | but not limited to grants, da                              | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,   |
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| of compensation) with entities as descri  | bed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount<br>e one line for each entity; add as many lines as you need by<br>e <b>present during the 36 months prior to publication</b> . |
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|   | ty Patents & Copyrig                                       |  |
| Do you have any patents, whether plan   | ned, pending or issued, bro                                | oadly relevant to the work? 🔄 Yes 🖌 No   |



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Dr. Parker has nothing to disclose.

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patent

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| Section 1.   | Identifying Inform         | ation  |  |  |
|--|----------------------------|--|--|--|
| 1. Given Name (Fii<br>Susan                                  | rst Name)                  | 2. Surname (Last Name)<br>Bowett                           |  | 3. Date<br>14-June-2020  |
| 4. Are you the cor   | responding author?         | Yes Ves Vorresponding Author's Name<br>John Simpson        |  |  |
| 5. Manuscript Title<br>More research is<br>ventilator-associ | required to understand     | d factors influencing antib                                | iotic prescribing in complex                                     | conditions like suspected  |
| 6. Manuscript Ider<br>ATM-20-3701                            | ntifying Number (if you kn | now it)  |  |  |
|  |                            |  | _  |  |
| Section 2.   | The Work Under Co          | onsideration for Public                                    | ation  |  |
| any aspect of the s statistical analysis,                    | ubmitted work (including   | but not limited to grants, da                              | a third party (government, con<br>ta monitoring board, study des | nmercial, private foundation, etc.) for<br>sign, manuscript preparation,                                   |
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| Section 3.   | Relevant financial         | activities outside the s                                   | ubmitted work.   |  |
| of compensation clicking the "Add                            | ) with entities as descri  | bed in the instructions. Us<br>port relationships that wer | e one line for each entity; ac                                   | ationships (regardless of amount<br>dd as many lines as you need by<br><b>onths prior to publication</b> . |
| Section 4.   |                            |  |  |  |
| Section 4.   | Intellectual Proper        | ty Patents & Copyrig                                       | hts  |  |
| Do you have any  | patents, whether plan      | ned, pending or issued, br                                 | oadly 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?

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Dr. Bowett has nothing to disclose.

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Simpson



| Section 1. Identifying Inform  |  |  |
|--|--|--|
| Identifying Inform   | ation  |  |
| 1. Given Name (First Name)<br>John   | 2. Surname (Last Name)<br>Simpson  | 3. Date<br>08-June-2020  |
| 4. Are you the corresponding author?   | ✓ Yes No   |  |
| 5. Manuscript Title<br>More research is required to understan<br>ventilator-associated pneumonia   | d factors influencing antibioti  | c prescribing in complex conditions like suspected   |
| 6. Manuscript Identifying Number (if you kr<br>ATM-20-3701   | iow it)  |  |
|  |  |  |
| Section 2. The Work Under C  | onsideration for Publicati   | ion  |
| · · ·  | but not limited to grants, data m  | nird party (government, commercial, private foundation, etc.) for<br>nonitoring board, study design, manuscript preparation, |
| If yes, please fill out the appropriate info<br>Excess rows can be removed by pressin  | -  | nore than one entity press the "ADD" button to add a row.  |
| Did you or your institution <b>at any time</b> rece<br>any aspect of the submitted work (including<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of intere<br>If yes, please fill out the appropriate info | ive payment or services from a th<br>y but not limited to grants, data n<br>est? | nird party (government, commercial, private foundation, etc.) fo<br>nonitoring board, study design, manuscript preparation,  |

| Name of Institution/Company | Grant?       | Personal<br>Fees? | Non-Financial<br>Support <b>?</b> | Other? | Comments |  |
|-----------------------------|--------------|-------------------|-----------------------------------|--------|----------|--|
| Wellcome Trust and NIHR     | $\checkmark$ |                   |                                   |        |          |  |

# 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 No

If yes, please fill out the appropriate information below.

| Name of Entity      | Grant?       | Personal<br>Fees | Non-Financial<br>Support <mark>?</mark> | Other? | Comments  |  |
|---------------------|--------------|------------------|---|--------|---|--|
| NIHR, MRC and other | $\checkmark$ |                  |   |        | investigator in studies of sepsis and pneumonia |  |



| Section 4.  | Intellectual Property Patents & Copyrights  |  |  |  |  |
|---|---|--|--|--|--|
| Do you have any   | r patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes 🖌 No   |  |  |  |  |
| Section 5.  | Relationships not covered above   |  |  |  |  |
|   | relationships or activities that readers could perceive to have influenced, or that give the appearance of<br>encing, 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 |   |  |  |  |  |
| AJS is Director o   | f the NIHR Newcastle Medtech and In Vitro Diagnostics Co-operative.   |  |  |  |  |

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### 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. Simpson reports grants from Wellcome Trust and NIHR, during the conduct of the study; his institution has received funds from grants from NIHR, MRC and others, outside the submitted work; he is Director of the NIHR Newcastle Medtech and In Vitro Diagnostics Co-operative.

#### **Evaluation and Feedback**