

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Brian

2. Surname (Last Name)

Housman

3. Date

09-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Raja Flores

5. Manuscript Title

COVID-19 Ventilator Barotrauma Management: Less is More

6. Manuscript Identifying Number (if you know it)

ATM-20-3907-R2

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Dr. Housman has nothing to disclose.

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Adam

2. Surname (Last Name)

Jacobi

3. Date

09-September-2020

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Yes No

Corresponding Author's Name

Raja Flores

5. Manuscript Title

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Dr. Jacobi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Carollo	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
5. Manuscript Title COVID-19 Ventilator Barotrauma Management: Less is More		
6. Manuscript Identifying Number (if you know it) ATM-20-3907-R2		

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1. Given Name (First Name) Tamar	2. Surname (Last Name) Nobel	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
5. Manuscript Title COVID-19 Ventilator Barotrauma Management: Less is More		
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1. Given Name (First Name) Samuel	2. Surname (Last Name) Acquah	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
5. Manuscript Title COVID-19 Ventilator Barotrauma Management: Less is More		
6. Manuscript Identifying Number (if you know it) ATM-20-3907-R2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Acquah has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Charles

2. Surname (Last Name)

Powell

3. Date

09-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Raja Flores

5. Manuscript Title

COVID-19 Ventilator Barotrauma Management: Less is More

6. Manuscript Identifying Number (if you know it)

ATM-20-3907-R2

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Dr. Powell has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Kaufman	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
5. Manuscript Title COVID-19 Ventilator Barotrauma Management: Less is More		
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Dr. Kaufman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dong-Seok	2. Surname (Last Name) Lee	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
5. Manuscript Title COVID-19 Ventilator Barotrauma Management: Less is More		
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Dr. Lee has nothing to disclose.

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1. Given Name (First Name) Daniel	2. Surname (Last Name) Nicastri	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
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Ardeshir

2. Surname (Last Name)

Hakami

3. Date

09-September-2020

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Corresponding Author's Name

Raja Flores

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kimberly	2. Surname (Last Name) Song	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
5. Manuscript Title COVID-19 Ventilator Barotrauma Management: Less is More		
6. Manuscript Identifying Number (if you know it) ATM-20-3907-R2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Song has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Roopa	2. Surname (Last Name) Kohli-Seth	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raja Flores
5. Manuscript Title COVID-19 Ventilator Barotrauma Management: Less is More		
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Section 1. Identifying Information

1. Given Name (First Name)

Raja

2. Surname (Last Name)

Flores

3. Date

09-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

COVID-19 Ventilator Barotrauma Management: Less is More

6. Manuscript Identifying Number (if you know it)

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