

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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)

Victor

2. Surname (Last Name)

de Roubin

3. Date

23-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Thille

5. Manuscript Title

High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)

ATM-20-6796-R1

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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Are there any relevant conflicts of interest?

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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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Dr. de Roubin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Faustine	2. Surname (Last Name) REYNAUD	3. Date 24-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name THILLE Arnaud
5. Manuscript Title High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study		
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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

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Dr. REYNAUD has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rémi	2. Surname (Last Name) Coudroy	3. Date 23-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Arnaud W. Thille
5. Manuscript Title High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
French Intensive Care Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
European Respiratory Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fondation Poitiers Université	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ecole doctorale Biosanté	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Coudroy reports grants from French Intensive Care Society, grants from European Respiratory Society, grants from Fondation Poitiers Université, grants from Ecole doctorale Biosanté, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Maeva	2. Surname (Last Name) RODRIGUEZ	3. Date 24-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name THILLE Arnaud
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Dr. RODRIGUEZ has nothing to disclose.

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Grégoire

2. Surname (Last Name)

Monseau

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☐ Yes

☒ No

Corresponding Author's Name

Arnaud W. Thille

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Florent

2. Surname (Last Name)

Joly

3. Date

24-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

AW THILLE

5. Manuscript Title

High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)

ATM-20-6796-R1

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The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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☒ No

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☒ 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. Joly 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) justine	2. Surname (Last Name) bardin	3. Date 23-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name arnaud w thille
5. Manuscript Title High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study		
6. Manuscript Identifying Number (if you know it) ATM-20-6796-R1		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. bardin 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)

Florence

2. Surname (Last Name)

Boissier

3. Date

23-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Arnaud W. THILLE

5. Manuscript Title

High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)

ATM-20-6796-R1

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Are there any relevant conflicts of interest?

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☒ No

Section 4.

Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No

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Dr. Boissier 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)

DELPHINE

2. Surname (Last Name)

CHATELLIER

3. Date

23-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

THILLE

5. Manuscript Title

High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)

ATM-20-6796-R1

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☐ Yes

☒ No

Section 4.

Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No

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Dr. CHATELLIER 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)

Anne

2. Surname (Last Name)

VEINSTEIN

3. Date

24-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

THILLE

5. Manuscript Title

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Dr. VEINSTEIN has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Rene

2. Surname (Last Name)

Robert

3. Date

24-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Thille

5. Manuscript Title

High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)

ATM-20-6796-R1

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.

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

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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Section 5. Relationships not covered above

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Robert has nothing to disclose.

Evaluation and Feedback

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Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jean-Pierre	2. Surname (Last Name) FRAT	3. Date 23-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Arnaud W. THILLE
5. Manuscript Title High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study		
6. Manuscript Identifying Number (if you know it) ATM-20-6796-R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fisher and Paykel Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal fees for lectures; non-financial support consisting in accomodation and travels for medical meetings;
SOS oxygene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as member of a scientific board
French ministry of health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for conducting randomized controlled trial in 2019

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. FRAT reports personal fees and non-financial support from Fisher and Paykel Healthcare, personal fees from SOS oxygene, grants from French ministry of health, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Arnaud W.

2. Surname (Last Name)
THILLE

3. Date
23-November-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
High risk of pulmonary embolism in acute respiratory distress syndrome related to Covid-19: an observational controlled-cohort study

6. Manuscript Identifying Number (if you know it)
ATM-20-6796-R1

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Fisher&Paykel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	payment for lectures and travel expense coverage to attend scientific meetings
Maquet - Getinge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures and travel expense coverage to attend scientific meetings
GE Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures and travel expense coverage to attend scientific meetings
Covidien	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures and travel expense coverage to attend scientific meetings

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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. THILLE reports personal fees and non-financial support from Fisher&Paykel, personal fees from Maquet - Getinge, personal fees from GE Healthcare, personal fees from Covidien, outside the submitted work; .

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