

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zhonghua

2. Surname (Last Name)

Shi

3. Date

03-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jian-Xin Zhou

5. Manuscript Title

The role of a successful spontaneous breathing trial in ventilator liberation in brain-injured patients

6. Manuscript Identifying Number (if you know it)

ATM-20-6407

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Dr. Shi has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Annemijn

2. Surname (Last Name) Jonkman

3. Date 03-December-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Jian-Xin Zhou

5. Manuscript Title The role of a successful spontaneous breathing trial in ventilator liberation in brain-injured patients

6. Manuscript Identifying Number (if you know it) ATM-20-6407

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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
Liberate Medical (USA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy fee

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Dr. Jonkman reports personal fees from Liberate Medical (USA), 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) Pieter	2. Surname (Last Name) Tuinman	3. Date 03-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jian-Xin Zhou
5. Manuscript Title The role of a successful spontaneous breathing trial in ventilator liberation in brain-injured patients		
6. Manuscript Identifying Number (if you know it) ATM-20-6407		

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Dr. Tuinman 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) Guang-Qiang	2. Surname (Last Name) Chen	3. Date 04-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Jian-Xin Zhou
5. Manuscript Title The role of a successful spontaneous breathing trial in ventilator liberation in brain-injured patients		
6. Manuscript Identifying Number (if you know it)		

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Dr. Chen has nothing to disclose.

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#### 5. Relationships not covered above.

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**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) Yan-Lin	2. Surname (Last Name) Yang	3. Date 04-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jian-Xin Zhou
5. Manuscript Title The role of a successful spontaneous breathing trial in ventilator liberation in brain-injured patients		
6. Manuscript Identifying Number (if you know it) ATM-20-6407		

### 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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Yang has nothing to disclose.

### Evaluation and Feedback

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## 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.

#### 1. Identifying information.

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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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Leo

2. Surname (Last Name)  
Heunks

3. Date  
03-December-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Jian-Xin Zhou

5. Manuscript Title  
The role of a successful spontaneous breathing trial in ventilator liberation in brain-injured patients

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ATM-20-6407

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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
Liberate medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	advisory board
Getinge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speakers and travel fee

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Heunks reports other from Liberate medical, other from Getinge, 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)

Jian-Xin

2. Surname (Last Name)

Zhou

3. Date

04-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

The role of a successful spontaneous breathing trial in ventilator liberation in brain-injured patients

6. Manuscript Identifying Number (if you know it)

ATM-20-6407

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