

## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Christel M. Valk

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROACT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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13	Other financial or non-financial interests	None	

**Please summarize the above conflict of interest in the following box:**

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Pien Swart

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Leonoor S. Boers

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Michela Botta

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROACT-COVID study in The Netherlands

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Lieuwe D. Bos

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Marcelo Gama de Abreu

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Liselotte Hol

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Markus W. Hollmann

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Janneke Horn

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROACT-COVID study in The Netherlands

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Ignacio Martin-Loeches

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROACT-COVID study in The Netherlands

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Guido Mazzinari

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Sheila N. Myatra

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

**Please summarize the above conflict of interest in the following box:**

None

**Please place an "X" next to the following statement to indicate your agreement:**

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**



## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Sunny G. Nijbroek

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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None
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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Neeltje N. Rosenberg

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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13	Other financial or non-financial interests	None	

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None

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Willemke Stilma

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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None

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**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Anissa M Tsonas

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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None
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**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**



## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Ward H. van der Ven

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROACT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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None
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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Ary Serpa Neto

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROACT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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None

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**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Marcus J. Schultz

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROAcT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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## ICMJE DISCLOSURE FORM

Date: March 18, 2021

Your Name: Frederique Paulus

Manuscript Title: Practice of Adjunctive Treatments in Critically Ill COVID-19 Patients – rationale for the multicenter observational PROACT-COVID study in The Netherlands

Manuscript number (if known): ATM-21-764-R1

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